

## **QUARTERLY STATEMENT**

AS OF MARCH 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Meridian Health Plan of Michigan, Inc.

NAIC Group Code	01199 (Current Per		NAIC Company Co	ode 52563	Employer's ID	Number	38-3253977
Organized under the	`	Michigar		Ctata of Dominil	an Dark of Entry	N A i	ohigan
J	_	iviiciigai	I	•	e or Port of Entry _	IVIIC	chigan
Country of Domicile				United States			
Licensed as business	Der	, Accident & Health [ ] ntal Service Corporation [ er [ ]	Property/Casua ] Vision Service	,	Hospital, Medical & Health Maintenance Is HMO Federally C	e Organization	[X]
Incorporated/Organiz		09/18/1995	Commence	d Business	•	12/31/1995	
Statutory Home Office	e	1 Campus Martiu	us, Suite 700	,	Detroit,	MI, US 48226	
•		(Street and N	lumber)		(City or Town, Sta	ite, Country and Zip	Code)
Main Administrative C	Office	1 Campus Martius, Suit	e 700		ЛI, US 48226		13-324-3700
		(Street and Number)		(City or Town, State	e, Country and Zip Code)		de) (Telephone Number)
Mail Address		P.O. Box 31391 (Street and Number or P.O. Box)	,		Tampa, FL, US (City or Town, State, Co	33631-3391	-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\
Primary Location of B	Rooks and Do		lartius, Suite 700	Dotr	oit, MI, US 48226		:) :13-324-3700
Filliary Location of B	books and inc		and Number)	(City or Town	, State, Country and Zip Coo		de) (Telephone Number)
Internet Web Site Add	dress	(0001	and ramboly	www.mhplan.com		, , , , ,	io, (reiepiieile riumber)
Statutory Statement (		Andrea Edwards	: Watroha			24-3700	
Gialuloi y Gialemeni (		(Name)		<del></del>	(Area Code) (Telepho		ision)
	andrea.watro	ba@mhplan.com			313-324-370		/
	(E-Ma	ail Address)			(FAX Number)		
			OFFICE	RS			
Name	)	Title		Nam	е	7	Title
Sean Peter k	Kendall	. Presider	nt	Stephanie W	illiams #	VP	, CFO
Michael Troy		, VP, CAO, Assistar		Goran Jar			reasurer
	- <b>y</b> -				,		
			OTHER OFF				
Michael Warre	en Haber	, VP, Secre	tary	Tammy Lyn	n Meyer	VP, Assist	ant Treasurer
Andrew Lynr	n Asher	Michael Troy	ECTORS OR  Meyer	TRUSTEES Karie Enid P			
		s	s				
above, all of the herein of this statement, together and of the condition and been completed in acco differ; or, (2) that state knowledge and belief, re	described asse with related ex d affairs of the ordance with the rules or regul espectively. Fu an exact copy	ng duly sworn, each depose a ts were the absolute property of whibits, schedules and explana said reporting entity as of the e NAIC Annual Statement Instantians require differences in orthermore, the scope of this a (except for formatting difference) enclosed statement.	of the said reporting enti- ations therein contained reporting period stated structions and Accounting reporting not related to ttestation by the descril	ity, free and clear from the control of the control	om any liens or claims the doto, is a full and true some and deductions the cocedures manual exceptes and procedures, accludes the related correst	ereon, except as statement of all the erefrom for the pot to the extent the cording to the be sponding electror	s herein stated, and that he assets and liabilities period ended, and have that: (1) state law may est of their information, nic filing with the NAIC,
	Peter Kenda President		Stephanie W VP, CF0			Michael Troy N CAO, Assistant	
				,	a. Is this an original fil	ina?	Yes [ X ] No [ ]
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Subscribed and sv	-1 · · - ¢			t	o. If no: 1. State the amendi	ment number	
	_uay 01	,			State the amenda     Date filed	nent number	
					Number of pages	attached	
					o. Number of pages	allaoneu	

## **ASSETS**

			Current Statement Date	)	4
		1	2	3	
				Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	100,560,014		100 , 560 , 014	310,000
2.	Stocks:				
	2.1 Preferred stocks				0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens			l	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			0	0
	4.3 Properties held for sale (less				
	\$ encumbrances)			0	0
5.	Cash (\$165,000,459 ),				
	cash equivalents (\$2,084,832 )				
	and short-term investments (\$	167,085,291	i e		266,764,034
	Contract loans (including \$premium notes)			0	0
	Derivatives			0	0
	Other invested assets				
	Receivables for securities				
	Securities lending reinvested collateral assets				0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	318,952,181	1 , 155 , 714	317 , 796 , 467	267 , 108 , 419
13.	Title plants less \$charged off (for Title insurers				
	only)				
14.	Investment income due and accrued	113,799	67 , 417	46,382	12,961
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	12,419,277		12,419,277	29,375,154
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$16, 184, 631 ) and				
	contracts subject to redetermination (\$)	16, 184, 631		16 , 184 , 631	12,048,413
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers		ı		3,520,839
	16.2 Funds held by or deposited with reinsured companies				0
	16.3 Other amounts receivable under reinsurance contracts				0
	Amounts receivable relating to uninsured plans			2 , 686 , 256	
	Current federal and foreign income tax recoverable and interest thereon			5 , 204 , 512	
18.2	Net deferred tax asset	16,034,521	i e	6,025,353	6,025,353
19.	Guaranty funds receivable or on deposit	i	i		0
20.	Electronic data processing equipment and software		İ	0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$)		ı		0
	Net adjustment in assets and liabilities due to foreign exchange rates				0
	Receivables from parent, subsidiaries and affiliates			i i	0
	$\label{eq:health care (\$11,786,773 ) and other amounts receivable} \\$			18,192,694	
l	Aggregate write-ins for other-than-invested assets	1,661,674	199,238	1,462,436	15,793
26.	Total assets excluding Separate Accounts, Segregated Accounts and	000 405 000	45 000 000	000 000 705	400 400 400
	Protected Cell Accounts (Lines 12 to 25)	398,405,928	15,309,223	383,096,705	423, 196, 163
27.	From Separate Accounts, Segregated Accounts and Protected				_
	Cell Accounts.		45.000.000	0	0
28.	Total (Lines 26 and 27)	398,405,928	15,309,223	383,096,705	423, 196, 163
	DETAILS OF WRITE-INS				
1101.					
l .					
1		1			
I	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
ı	State Income Tax Receivable	1 ' '	i	1,462,436	
i	Prepaids	199,238			0
2503.				0	0
l	Summary of remaining write-ins for Line 25 from overflow page		0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,661,674	199,238	1,462,436	15,793

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, SAI		Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
	Claims unpaid (less \$ reinsurance ceded)			210,342,162	
2.	Accrued medical incentive pool and bonus amounts			9,963,474	
3.	Unpaid claims adjustment expenses	1,528,507		1,528,507	1,701,845
4.	Aggregate health policy reserves including the liability of				
	\$ for medical loss ratio rebate per the Public Health				
	Service Act				
5.	Aggregate life policy reserves				0
6.	Property/casualty unearned premium reserve				0
7.	Aggregate health claim reserves				0
8.	Premiums received in advance				
9.	General expenses due or accrued	752,823		752,823	1,085,742
10.1	Current federal and foreign income tax payable and interest thereon (including				
	\$ on realized gains (losses))				0
	Net deferred tax liability				0
1	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others				0
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)				
15.	Amounts due to parent, subsidiaries and affiliates				2,824,341
16.	Derivatives				0
	Payable for securities				0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized reinsurers				
	and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$)				
	companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	764,159		764 , 159	232,549
23.	Aggregate write-ins for other liabilities (including \$				
	current)				
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock	XXX	XXX	44,700	44,700
ı	Preferred capital stock	XXX	XXX		0
28.	Gross paid in and contributed surplus				
29.	Surplus notes				0
30.	Aggregate write-ins for other-than-special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	(20,013,467)	16,353,980
32.	Less treasury stock, at cost:				
	32.1shares common (value included in Line 26				
	\$)	XXX	XXX		0
	32.2shares preferred (value included in Line 27				
i	\$)				0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	143,228,223	169,850,043
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	383,096,705	423, 196, 163
	DETAILS OF WRITE-INS				
2301.				0	0
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	Estimate of 2018 ACA Health Insurer Fee Surplus	XXX	XXX		0
i	Estimate of 2020 ACA Health Insurer Fee Surplus				
2503.				i	
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	9,745,627	0
3001.		XXX	XXX		
3002.					
				i	
3003.			i		_
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

## **STATEMENT OF REVENUE AND EXPENSES**

	STATEMENT OF REVENU		<u> </u>		
		Current Ye	ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Unanyarad	2 Total	3 Total	4 Total
1.	Member Months.	Uncovered XXX		1,552,581	
i	Net premium income (including \$ non-health premium income)	i .	i .	1	
3.	Change in unearned premium reserves and reserve for rate credits				
4.	Fee-for-service (net of \$medical expenses)			0	
5.	Risk revenue	i	i	i .	
6.	Aggregate write-ins for other health care related revenues	1	1	1	
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	XXX	482 , 199 , 786	542,724,383	1,988,392,914
1	al and Medical:		005 004 407	200 250 404	
i	Hospital/medical benefits	i	1		
10.	Other professional services	1	1	I	
12.	Emergency room and out-of-area	1	1	1	
13.	Prescription drugs	1	1	1	
14.	Aggregate write-ins for other hospital and medical	1	1	1	
15.	Incentive pool, withhold adjustments and bonus amounts.	1	1	1	16,622,289
i -	Subtotal (Lines 9 to 15)	i	1 ' '		· · · ·
Less:					
i	Net reinsurance recoveries		307.453	204.050	2.632.805
18.	Total hospital and medical (Lines 16 minus 17)	1	1	1	i e
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$ 10,015,872 cost containment expenses.		1	12,559,931	
21.	General administrative expenses	i			241,227,668
22.	Increase in reserves for life and accident and health contracts (including				
	\$ increase in reserves for life only)	1	1	1	
1	Total underwriting deductions (Lines 18 through 22)	1	1	I	
	Net underwriting gain or (loss) (Lines 8 minus 23)				
1	Net investment income earned	1	1	I	
	Net realized capital gains (losses) less capital gains tax of \$72, 125				
27.	Net investment gains (losses) (Lines 25 plus 26)	0	1,598,819	927,923	3,048,080
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				0
20	\$	1	0	0	0
29.	Aggregate write-ins for other income or expenses	0	0	0	
30.	(Lines 24 plus 27 plus 28 plus 29)	xxx	(25, 132, 067)	7 ,441 ,972	(90,354,718)
31.	Federal and foreign income taxes incurred	xxx	529,628	10,623,253	(2,354,965)
32.	Net income (loss) (Lines 30 minus 31)	XXX	(25,661,695)	(3,181,281)	(87,999,753)
	DETAILS OF WRITE-INS				
i	ACA Health Insurer Fee - 2018.	i	i	52,083,049	54,044,791
0602.		XXX	0		0
0603.					
	Summary of remaining write-ins for Line 6 from overflow page		0	I	E4 044 701
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	52,083,049	54,044,791
0701. 0702.		XXX		1	U
0702.		i	i		
i	Summary of remaining write-ins for Line 7 from overflow page			0	0
0799.		XXX	0	0	0
	Hearing/Speech devices.		0	46,803	376,370
1402.				0	0
1403.			ļ		
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	46,803	376,370
2901.	Miscellaneous revenue			0	0
2902.				0	0
2903.			<del> </del>	0	0
2998.	Summary of remaining write-ins for Line 29 from overflow page			0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

	STATEMENT OF REVENUE AND	EXPENSES (	Continue	3 3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	169,850,043	186 ,774 ,156	186 ,774 , 156
34.	Net income or (loss) from Line 32	(25,661,695)	(3,181,281)	(87,999,753)
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	253,318	29,865	(1,752,145)
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38.	Change in net deferred income tax	6,924,156	0	7,495,447
39.	Change in nonadmitted assets	(8,137,599)	(312,706)	(4,667,662)
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	70,000,000
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	(26,621,820)	(3,464,122)	(16,924,113)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	143,228,223	183,310,034	169,850,043
	DETAILS OF WRITE-INS			
4701.			0	0
4702.			0	0
4703.			n l	Λ
4798.	Summary of remaining write-ins for Line 47 from overflow page		η I	Λ
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	

## **CASH FLOW**

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance.	494,964,104	496,303,442	1,947,321,33
2.	Net investment income	1,326,588	1,226,755	7 ,852 ,60
3.	Miscellaneous income	54,044,791	0	
4.	Total (Lines 1 to 3)	550,335,483	497,530,197	1,955,173,94
	Benefit and loss related payments	428,443,358	427 , 012 , 403	1 , 790 , 497 , 92
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	
	Commissions, expenses paid and aggregate write-ins for deductions		44,032,340	297,318,50
8.	Dividends paid to policyholders		0	
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital			
	gains (losses)	0	0	4,638,85
10.	Total (Lines 5 through 9)	496,319,069	471,044,743	2,092,455,28
	Net cash from operations (Line 4 minus Line 10)	54,016,414	26,485,454	(137,281,33
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	200,285,796	5,204,286	122,324,93
	12.2 Stocks		911,786	19,949,55
	12.3 Mortgage loans		0	
	12.4 Real estate	0	0	
	12.5 Other invested assets		0	77 , 4
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	
	12.7 Miscellaneous proceeds	0	27,605	20,1
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	200,285,796	6,143,677	142,372,1
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	299,991,782	1,623,345	17 , 885 , 0
	13.2 Stocks	0		2,402,0
	13.3 Mortgage loans		0	
	13.4 Real estate	0	0	
	13.5 Other invested assets	0	0	
	13.6 Miscellaneous applications	50,116,777	0	2,254,7
	13.7 Total investments acquired (Lines 13.1 to 13.6)	350, 108, 559	2,505,075	22,541,8
14.	Net increase (or decrease) in contract loans and premium notes	0	0	
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(149,822,763)	3,638,602	119,830,2
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	
	16.2 Capital and paid in surplus, less treasury stock	0	0	70,000,0
	16.3 Borrowed funds	0	0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
	16.5 Dividends to stockholders	0	0	
	16.6 Other cash provided (applied).	(3,872,394)	(10,737,708)	(12,662,09
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(3,872,394)	(10,737,708)	57,337,90
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(99,678,743)	19,386,348	39,886,8
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year		226 , 877 , 232	226 , 877 , 23
	19.2 End of period (Line 18 plus Line 19.1)	167,085,291	246,263,580	266,764,03

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#### STATEMENT AS OF MARCH 31, 2019 OF THE Meridian Health Plan of Michigan, Inc.

### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Compreh (Hospital &	ensive Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefits Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	519,373	4,682	0	0	0	0	0	19,497	495,194	(
2. First Quarter	526,587	7 ,323	0	0	0	0	0	21,936	497,328	(
3. Second Quarter	0	0	0	0	0	0	0	0	0	(
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,579,121	22,404	0	0	0	0	0	65,000	1,491,717	(
Total Member Ambulatory Encounters for Period:										
7. Physician	1,344,499	3,905						110 , 487	1 ,230 , 107	
8. Non-Physician	. 1,184,810	1,969						153,098	1,029,743	
9. Total	2,529,309	5,874	0	0	0	0	0	263,585	2,259,850	(
10. Hospital Patient Days Incurred	51,342	156						7,161	44,025	
11. Number of Inpatient Admissions	12,932	29						1,148	11,755	
12. Health Premiums Written (a)	482,943,708	4,025,848		0	0	0	0	77,659,562	401,258,298	(
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	482,199,786	4,025,821	0	0	0	0	0	77 , 628 , 378	400 , 545 , 587	
16. Property/Casualty Premiums Earned	.									
17. Amount Paid for Provision of Health Care Services	428,443,358	2,030,350						48,800,424	377 ,612 ,584	
18. Amount Incurred for Provision of Health Care Services	431,785,478	2,400,634	0	0	0	0	0	67,278,183	362,106,661	(

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 77,659,652

## **CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid	l Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)		·	,	,	•	
		0				0
0199999 Individually listed claims unpaid	U	J	0		<sup>0</sup>	U
0299999 Aggregate accounts not individually listed-uncovered 0399999 Aggregate accounts not individually listed-covered	13,645,746	1,363,810	2,515,355	1,090,103	10,458,596	29,073,610
0499999 Subtotals	13,645,746	1,363,810	2,515,355	1,090,103	10,458,596	29,073,610
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	181,268,552
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	210,342,162
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	9,963,474

### **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

ANALTSIS OF CLAIMS UNPAID-PRIOR		ims	Liah	Liability		
		r to Date	End of Curr		5	6
	1	2	3	4	v	
						Estimated Claim
	On		On			Reserve and Claim
	Claims Incurred Prior	On	Claims Unpaid	On	Claims Incurred	Liability
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	in Prior Years	Dec. 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
Comprehensive (hospital and medical)	620.083	1.401.835	653.793	1.880.343	1.273.876	2,136,220
Comprehensive (hospital and medical)	020,003	1,401,000		1,000,040	1,273,070	2,100,220
2. Medicare Supplement					0	0
3. Dental only					0	0
					0	
4. Vision only						0
5. Federal Employees Health Benefits Plan					0	۱
5. Tederal Employees Fleatin Deficits Flair						
6. Title XVIII - Medicare		22,205,842	9,885,452	31,460,659	36,430,256	41,502,699
		,,.	, , , , ,	,,	,	, ,
7. Title XIX - Medicaid	119,796,488	255 , 574 , 567	50 , 145 , 665	116,316,250	169 , 942 , 153	182,642,591
0. 000-1					0	۸
8. Other health					D	U
9. Health subtotal (Lines 1 to 8)	146,961,375	279,182,244	60,684,910	149,657,252	207,646,285	226,281,510
5. Treath substat (Elies 1 to 0)				10,007,202		
10. Health care receivables (a)	6,310,792	6,018,746	0		6,310,792	30,277,612
N/						
11. Other non-health					0	0
40. Medical inserting and house arrows	2.630.069	111,812	6.712.853	2 250 204	9.342.922	0 270 275
12. Medical incentive pools and bonus amounts	2,030,069	111,872		3,250,621	9 , 342 , 922	9,379,675
13. Totals (Lines 9-10+11+12)	143,280,652	273,275,310	67,397,763	152,907,873	210,678,415	205,383,573
100 Totalo (Elito o 10 : 11 : 12)	1 10,200,002	210,210,010	01,001,100	102,001,010	210,010,710	200,000,010

<sup>(</sup>a) Excludes \$ ...... loans or advances to providers not yet expensed.

#### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan, Inc. (the "Company"), domiciled in the state of Michigan, are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (the "Department").

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Michigan insurance law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Michigan.

The State of Michigan has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, the State of Michigan prior to March 31, 2019 reporting period, required the transfer payment program for the Specialty Network Access Fee ("SNAF"), to be recorded as premium income, and the resulting payments to providers to be treated as hospital/medical benefits. In NAIC SAP this type of pass-through arrangement is reported as uninsured plans. This state prescribed accounting practice resulted in no differences from NAIC SAP net income or capital and surplus. The Company has been directed by the Michigan Department of Insurance and Financial Services to change the method of accounting for SNAF, as uninsured plans in accordance with SSAP 47, beginning with the March 31, 2019 reporting period.

A reconciliation of the Company's net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the Department is shown below:

		SSAP#	F/S Page	F/S Line #	2019	2018
NET	INCOME					
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	N/A	N/A	N/A	(25,661,695)	(87,999,753)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
					0	0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
					0	0
(4)	NAIC SAP (1-2-3=4)	N/A	N/A	N/A	(25,661,695)	(87,999,753)
SURI	PLUS					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	N/A	N/A	N/A	143,228,223	169,850,043
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
					0	0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
					0	0
(8)	NAIC SAP (5-6-7=8)	N/A	N/A	N/A	143,228,223	169,850,043

#### B. Use of Estimates in the Preparation of the Financial Statements

No significant change.

#### C. Accounting Policy

No significant change.

#### D. Going Concern

None

#### 2. Accounting Changes and Corrections of Errors

Beginning with the March 31, 2019 reporting period the Company will report the SNAF program pass-through payments as uninsured plans in accordance with SSAP 47, as disclosed in Note 1.

#### 3. Business Combinations and Goodwill

None

#### 4. Discontinued Operations

None

#### 5. Investments

- A. Mortgage Loans, including Mezzanine real Estate Loans None
- B. Debt Restructuring None
- C. Reverse Mortgages None
- D. Loan-backed Securities None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions None

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- H. Repurchase Agreements Transactions Accounted for as a Sale None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale None
- J. Real Estate None
- K. Low Income Housing Tax Credit None
- L. Restricted Assets (Including pledged) No significant change.
- M. Working Capital Finance Investments None
- N. Offsetting and Netting of Assets and Liabilities None
- O. Structured Notes None
- P. 5\*Securities None
- Q. Short Sales None
- R. Prepayment Penalty and Acceleration Fees None

#### 6. Joint Ventures, Partnerships, and Limited Liability Companies

No significant change.

#### 7. Investment Income

No significant change.

#### 8. Derivative Instruments

None

#### 9. Income Taxes

No significant change.

#### 10. Information Concerning Parent, Subsidiaries, and Affiliates

No significant change.

#### 11. Debt

- A. Debt None
- B. Federal Home Loan Bank Agreements None

## 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

A. Defined Benefit Plan - None

#### 13. Capital and Surplus, Stockholders' Dividend Restrictions, and Quasi-Reorganizations

No significant change.

#### 14. Contingencies

None

#### 15. Leases

None

## 16. Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

#### 17. Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables reported as Sales None
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

#### 18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans No significant change.
- B. ASC Plans None
- C. Medicare of Similarly Structured Cost Based Reimbursement Contract

- 1. No significant change.
- 2. No significant change.
- 3. None
- 4. None

#### 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

#### 20. Fair Value Measurements

- A. Fair Market Value at Reporting Date
  - 1. Fair Value Measurements at Reporting Date None
  - 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy None
  - 3. The Company does not have any securities valued at fair value.
  - 4. The Company has not valued any securities at a Level 2 or 3.
  - Derivative assets and liabilities None
- B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements

   None
- C. Aggregate Fair Value of All Financial Instruments

Aggregate fair values of the financials instruments and applicable levels within the fair value hierarchy.

Type of Financial Instruments	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$100,559,419	\$100,560,014	\$0	\$100,559,419	\$0	\$0
Short-term investments	\$0	\$0	\$0	\$0	\$0	\$0
Cash Equivalent	\$2,084,832	\$2,084,832	\$2,084,832	\$0	\$0	\$0
Common Stock	\$0	\$0	\$0	\$0	\$0	\$0

- D. Not Practicable to Estimate Fair Value None
- E. No investments were measured using the NAV practical expedient pursuant to SSAP No 100R.

#### 21. Other Items

On March 26, 2019, WellCare Health Plans, Inc. entered into an Agreement and Plan of Merger (the "Merger Agreement") with Centene Corporation. The closing of the Merger Agreement is subject to customary closing conditions, including, but not limited to, the approval of the Merger Agreement by our stockholders, the approval of the share issuance of Centene stock by Centene's stockholders, and the receipt of U. S. federal antitrust clearance and certain other required regulatory approvals. The transaction is expected to close in the first half of 2020. Currently management does not know what, if any, effect the transaction will have on the Company.

#### 22. Events Subsequent

No change.

#### 23. Reinsurance

No change.

#### 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- E. Risk Sharing Provisions of the Affordable Care Act (ACA)
  - 1. Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (Yes/No)? Yes

As of March 31, 2019, the Company estimated accrued retrospective premium adjustment of \$11,169,448 payable for the 2018 risk adjustment program and \$3,984,138 payable for the 2019 risk adjustment program.

2. Impact of Risk – Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

			AMO	UNT
a.	Permanent ACA	Risk Adjustment Program		
	Assets			
	1	Premium adjustments receivable due to ACA Risk Adjustment	\$	-
	Liabilities			
	2	Risk adjustment user fees payable for ACA Risk Adjustment	\$	-
	3	Premium adjustments payable due to ACA Risk Adjustment	\$	3,984,138
	Operations (Rev	enue & Expense)		
	4	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	(3,984,138)
	5	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	286,746
).	Transitional AC	A Reinsurance Program		
	Assets			
	1	Amounts recoverable for claims paid due to ACA Reinsurance	\$	-
	2	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$	-
	3	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$	-
	Liabilities			
	4	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$	_
	5	Ceded reinsurance premiums payable due to ACA Reinsurance	\$	-
	6	Liability for amounts held under uninsured plans contributions for ACA Reinsurance	\$	-
	Operations (Rev	enue & Expense)		
	7	Ceded reinsurance premiums due to ACA Reinsurance	\$	
	8	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	-
	9	ACA Reinsurance Contributions - not reported as ceded premium	\$	-
c.	Temporary ACA	. Risk Corridors Program		
	Assets	T		
	1	Accrued retrospective premium due to ACA Risk Corridors	\$	-
	Liabilities			
	2	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	-
	Operations (Rev	enue & Expense)		
	3	Effect of ACA Risk Corridors on net premium income (paid/received)	\$	-
	4	Effect of ACA Risk Corridors on change in reserves for rate credits	\$	_

<sup>3.</sup> Roll – forward of prior year ACA risk – sharing provisions for the following assets (gross of any non-admission) and liability balances, along with the reasons for adjustments to prior year balance.

	A	Accrued Dur	ing the Prior	Received or I	Paid as of the	Diffe re	ences		Adjustments		Unsettled Ba the Repo	lances as of rting Date
	Ye	ear on Busi	ness Written nber31ofthe	Current Year	on Business e December	Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
		1	2	3	4	5	6	7	8		9	10
	Re	e c e iva b le	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Perma nent ACA Risk Adjustment Program											
	1 Pre mium a djustments receivable	-	-	-	-	-	-	-	-	-	-	-
	2 Pre mium a djustments (pa ya ble)	-	(11,169,448)	-	-	-	(11,169,448)	-	-	-	-	(11,169,448)
	3 Subtotal ACA Permanent Risk Adjustment Program	-	(11,169,448)	-	-	-	(11,169,448)	-	-	-	-	(11,169,448)
b.	Transitional ACA Reinsurance Program											
	1 Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	-	-	-
	2 Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	1	-	-
	3 Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	1	-	-
	4 Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	-	-	-	1	-	-	-	-	1	-	-
Ш	5 Ce de d re insurance premiums payable	-	-	-	-	-	-	-	-	-	-	-
	6 Liability for a mounts held under uninsured plans	-	-	-	-	-	-	-	-	-	-	-
	7 Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-	-	-	-
c .	Te mpora ry ACA Risk Corridors Program											
	1 Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-	-
	2 Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-	-
	3 Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-	-
ď	Total for ACA Risk Sharing Provisions	-	(11,169,448)	-	-	-	(11,169,448)	-	-	-	-	(11,169,448)

4. Roll – forward of Risk Corridors Asset and Liability Balances by Program Benefit Year – None

#### 25. Change in Incurred Claims and Claim Adjustment Expenses

A. – B. Reserves as of December 31, 2018 were \$235,661,185 for unpaid claims and incentives and \$1,701,845 for unpaid claims adjustment expenses. As of March 31, 2019, \$155,041,292 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. There are \$67,397,763 reserves remaining for prior years. Therefore there has been a \$14,923,975 favorable prior year development since December 31, 2018 to March 31, 2019. Original estimates are increased or decreased as additional information becomes known regarding individual claims. No significant changes in methodologies and assumptions used in the calculation of the liability for unpaid losses and loss adjustments expenses has occurred for the most recent reporting period presented.

#### 26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

No significant change.

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

#### **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES GENERAL

1.1		al transactions requiring the filing of Disclosure of M					Yes	[ ]	No [X]
1.2		iliary state?					Yes	[]	No [ ]
2.1		f this statement in the charter, by-laws, articles of ir					Yes	[]	No [X]
2.2	If yes, date of change:								
3.1		ce Holding Company System consisting of two or n					Yes	[X]	No [ ]
	If yes, complete Schedule Y, Parts 1 and 1A.								
3.2	Have there been any substantial changes in t	ne organizational chart since the prior quarter end?					Yes	[X]	No [ ]
3.3	If the response to 3.2 is yes, provide a brief of Eight additional entities were acquired I	escription of those changes.  y the Company since December 31, 2018							
3.4	Is the reporting entity publicly traded or a med			Yes	[X]	No [ ]			
3.5	If the response to 3.4 is yes, provide the CIK	Central Index Key) code issued by the SEC for the	entity/group					0001	1279363
4.1	Has the reporting entity been a party to a me	ger or consolidation during the period covered by th	is statement?				Yes	[]	No [X]
	If yes, complete and file the merger history da	ta file with the NAIC for the annual filing correspond	ing to this period	d.					
4.2	If yes, provide the name of entity, NAIC Compensed to exist as a result of the merger or compensed to exist a result of the merger or compensed to the merger of t	any Code, and state of domicile (use two letter stat nsolidation.	e abbreviation) f	or any entity th	at has				
		1 Name of Entity NAI	2 C Company Cod	e State of I					
5.		ent agreement, including third-party administrator(s ly significant changes regarding the terms of the ag				Yes [ ]	No	[X]	NA [ ]
6.1	State as of what date the latest financial exar	ination of the reporting entity was made or is being	made					.12/3	31/2017
6.2	State the as of date that the latest financial examined the should be the date of the examined	amination report became available from either the s balance sheet and not the date the report was com	state of domicile pleted or release	or the reportined.	g entity.			.12/3	31/2017
6.3	or the reporting entity. This is the release date	ination report became available to other states or to completion date of the examination report and resource	ot the date of th	e examination	(balance			.03/3	31/2016
6.4	By what department or departments?								
6.5	Have all financial statement adjustments with	n the latest financial examination report been accou	inted for in a sub	sequent finan	cial	Yes [ ]	No	[]	NA [X]
6.6		test financial examination report been complied with				Yes [X]	No	[]	NA [ ]
		of Authority, licenses or registrations (including corp ntity during the reporting period?					Yes	[]	No [X]
8.1		company regulated by the Federal Reserve Board					Yes	[ ]	No [X]
8.2	If response to 8.1 is yes, please identify the n	. , , ,							
0.2		and of the bank nothing company.							
8.3		ks, thrifts or securities firms?					Yes	[]	No [X]
8.4	federal regulatory services agency [i.e. the Fe	the names and location (city and state of the main deral Reserve Board (FRB), the Office of the Comp Securities Exchange Commission (SEC)] and ider	troller of the Cur	rency (OCC),	the Federal				
	1	2 Location	3	4	5	6			
	Affiliate Name	Location	FDD	000	EDIC	050			

#### **GENERAL INTERROGATORIES**

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [X	(]	No [ ]
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;			
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;			
	(c) Compliance with applicable governmental laws, rules and regulations;			
	<ul><li>(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and</li><li>(e) Accountability for adherence to the code.</li></ul>			
9.11	If the response to 9.1 is No, please explain:			
9.2	Has the code of ethics for senior managers been amended?	Yes [	]	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).			
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes [	]	No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).			
	FINANCIAL			
	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	•	•	No [X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$			
11.1	INVESTMENT  Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes [	]	No [X]
11.2	If yes, give full and complete information relating thereto:			
12.				
13.	Amount of real estate and mortgages held in short-term investments:\$			
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [	[]	No [X]
14.2	If yes, please complete the following:			
	1 2 Prior Year-End Current Quarter Book/Adjusted Book/Adjusted Carrying Value Carrying Value  14.21 Bonds \$			
	14.22 Preferred Stock \$ \$ \$			
	14.23 Common Stock       \$			
	14.25 Mortgage Loans on Real Estate\$			
	14.26 All Other \$			
	(Subtotal Lines 14.21 to 14.26)			
	14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above \$			
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [	]	No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [	]	No [ ]
40	If no, attach a description with this statement.			
16	For the reporting entity's security lending program, state the amount of the following as of the current statement date:  16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  16.3 Total payable for securities lending reported on the liability page  \$			0

## **GENERAL INTERROGATORIES**

17.	entity's offices, vaults pursuant to a custodia Considerations, F. Ou	or safety deposit boxes, al agreement with a quali tsourcing of Critical Fun	were all stocks, bor fied bank or trust co ctions, Custodial or	nds and other ompany in acc Safekeeping A	securities, owned ordance with Secti Agreements of the	ments held physically in the reportir throughout the current year held on 1, III – General Examination NAIC Financial Condition Examiner	s
17.1	For all agreements that	at comply with the requir	ements of the NAIC	Financial Cor	ndition Examiners	Handbook, complete the following:	
		Name	1 of Custodian(s)			2 Custodian Address	
		Comerica Bank				e, Detroit, MI 48226 Springfield, IL 62701	
		US Bank National Asso	ciation		50 South 16th S	t.', Suĭte 2000, Philidelphia, PA	
17.2	For all agreements the location and a comple		requirements of th	e NAIC <i>Finand</i>	cial Condition Exar	niners Handbook, provide the name	,
		1 Name(s)		2 Location(s	s)	3 Complete Explanation(s)	
17 3	Have there been any	changes including name	changes in the cu	ıstodian(s) ide	ntified in 17 1 durir	ng the current quarter?	 Yes [X] No [ ]
		mplete information relati	-	istodian(s) ide	nunca in 17.1 dani	ig the current quarter:	100 [٨] 110 [ ]
		1 Old Custodian	2 New Cust	odian	3 Date of Change	4 Reason	
			US Bank Nationa Association	I		Parent Company Custodian	
17.0	authority to make inverse reporting entity, note a		nalf of the reporting cess to the investm	entity. For ass	ets that are manaç ; "handle securiti	including individuals that have the ged internally by employees of the ies"]	
				1		lation	
7.509	(i.e., designated with 8 For firms/individuals undoes the total assets	duals listed in the table for a "U") manage more that unaffiliated with the repounder management agg	n 10% of the report rting entity (i.e., des regate to more thar	o any firms/ind ing entity's ass signated with a n 50% of the re	lividuals unaffiliated sets? "U") listed in the ta eporting entity's as:	sets?	Yes [ ] No [ X ] Yes [ ] No [ X ]
17.0	1		2	<u> </u>	3	"U" (unaffiliated), provide the inform	5
	Central Regist Depository Nu		me of Firm or Individual		Legal Entity lentifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
18.1 18.2	Have all the filing requ If no, list exceptions:	uirements of the <i>Purpose</i>	es and Procedures i	Manual of the	NAIC Investment A	Analysis Office been followed?	
19.	Documentatio a. PL security is b. Issuer or oblig c. The insurer ha	n necessary to permit a not available. or is current on all contr as an actual expectation	full credit analysis of acted interest and pofultimate paymen	of the security principal payment of all contrac	does not exist or a ents. ted interest and pr	self-designated 5GI security: n NAIC CRP credit rating for an FE incipal.	
20.						self-designated PLGI security:	
_0.	a. The security w b. The reporting The NAIC Des	vas purchased prior to Ja entity is holding capital o signation was derived fro	anuary 1, 2018. commensurate with om the credit rating g held by the insurer	the NAIC Des assigned by a r and available	ignation reported for an NAIC CRP in its for examination b	or the security. s legal capacity as a NRSRO which y state insurance regulators.	is
		•		•	•		Yes [ ] No [X]

## **GENERAL INTERROGATORIES**

#### PART 2 - HEALTH

Operating Percentages:			
1.1 A&H loss percent			91.6 %
1.2 A&H cost containment percent			2.1 %
1.3 A&H expense percent excluding cost containment expenses	·····		13.1 %
2.1 Do you act as a custodian for health savings accounts?		Yes [ ]	] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	\$		
2.3 Do you act as an administrator for health savings accounts?		Yes [ ]	No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	\$		
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?		Yes [X]	No [ ]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile the reporting entity?	e of	Yes [ ]	1 No [X]

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date  1 2 3 4 5 6 7 8 9												
1 NAIC Company Code	2	3 Effective	4	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded		8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating				
Company Code	ID Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Type of Reinsurer	(1 through 6)	Reinsurer Rating				
			LIFE & ANNUITY — AFFILIATES									
			Name of Reinsurer  LIFE & ANNUITY — AFFILIATES  ACCIDENT & HEALTH — AFFILIATES  ACCIDENT & HEALTH — NON-AFFILIATES  ACCIDENT & HEALTH — NON-AFFILIATES  PARTNERRE AMER INS CO.  PARTNERRE AMER INS CO.  PROPERTY/CASUALTY — AFFILIATES  PROPERTY/CASUALTY — NON-AFFILIATES									
			ACCIDENT & HEALTH — AFFILIATES									
			ACCIDENT & HEALTH — NON-AFFILIATES									
11835 11835	04 - 1590940	07/01/2018	PARTNERRE AMER INS CO	DEDE	SSL/I/ASSL/I/A	Authorized						
11835	<u>.</u> 04 <b>-</b> 1590940	01/01/2019	PARTNERRE AMER INS CO	DE	SSL/I/A	Authorized						
			PROPERTY/CASUALTY — AFFILIATES									
			PROPERTY/CASUALTY — NON-AFFILIATES									
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#### SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

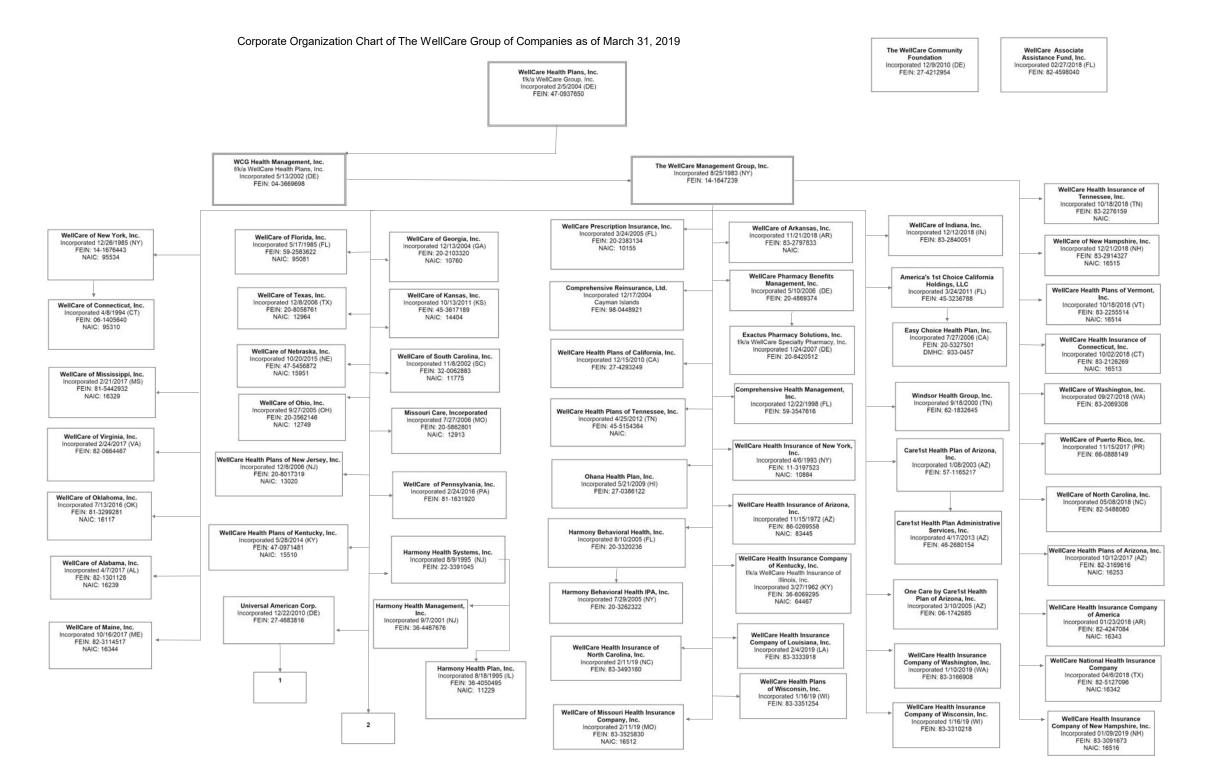
Current Year to Date - Allocated by States and Territories

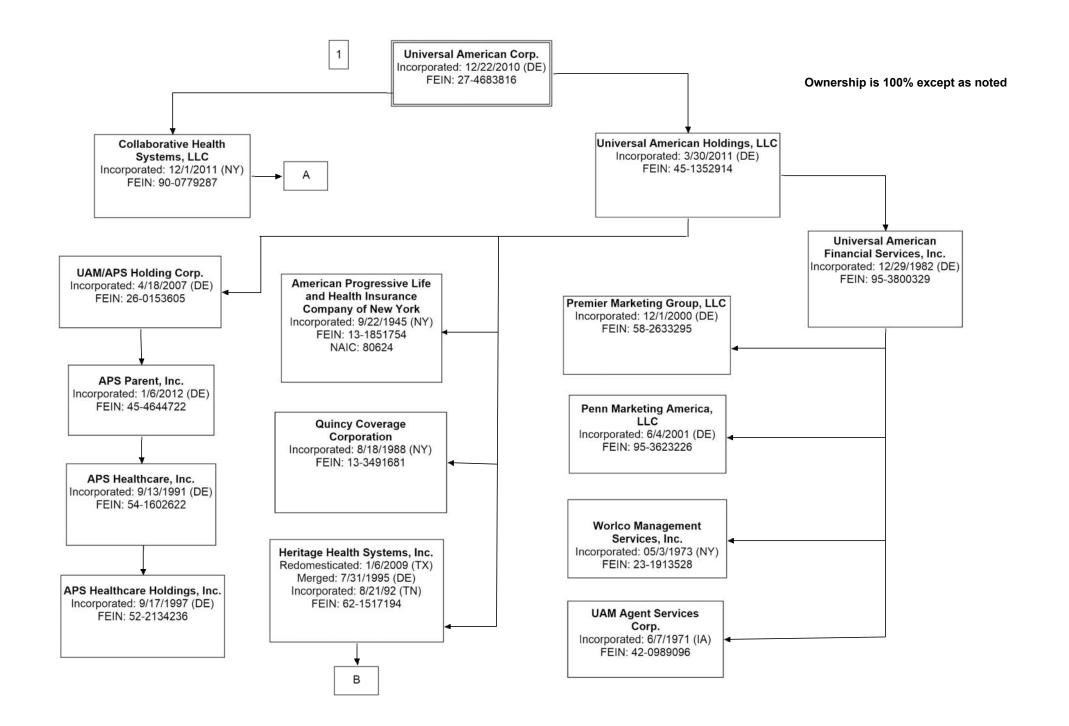
Direct Business Only 8 Federal Employees Health Life & Annuity Accident & Benefits Property/ Total Active Medicare Medicaid Columns Deposit-Type Program Other Premiums States. Etc 2 Through 7 Status (a) Title XVIII Title XIX Premiums Consideration Premiums Contracts 1. Alabama ALN 0 2. Alaska ΔK Ν 0 3. Arizona Α7 Ν 0 4. Arkansas AR Ν n 5. California CA Ν 0 6. СО N. 0 7. СТ N .0 8. Delaware .. DE 0 0 9. Dist. Columbia DC 10. Florida FL .0 GΑ N. .0 11. Georgia .N. .0 12. Hawaii ΗΙ .0 Ν 13. Idaho ID .0 14. Illinois IL 7.404 7.404 15. Indiana IN 16. lowa IΑ Ν 0 17. Kansas KS Ν 0 18. Kentucky ΚY 0 19. Louisiana LA N 0 20. Maine ME 0 21. Maryland MD N 0 22. Massachusetts MA N. .0 ...76,749,788 ..401,258,298 482,033,934 23. Michigan . МІ MN N. .0 24. Minnesota 25. Mississippi ... MS .N. 26. Missouri . МО N. .0 ۵. МТ .N. 27. Montana .0 N. 28. Nebraska ΝE 29. Nevada ... NV .N. .0 Ν 0 30. New Hampshire NH 0 31. New Jersey NJ N 32. New Mexico NM Ν 0 33. New York NY Ν 0 34. North Carolina NC N 0 35. North Dakota ND Ν 0 36. Ohio.. ОН 902 370 902 370 37. Oklahoma OK Ν .0 OR N. 0 Oregon ... 39. РΑ N 0 Pennsylvania 0 40. Rhode Island RI 41. South Carolina SC N. .0 0. 42. South Dakota .. .N. SD N. .0 ΤN 43. Tennessee .. ΤX N. .0 44. Texas 45. Utah UT N. .0 46. Vermont VT Ν 0 47. Virginia . VA Ν 0 48. Washington WA Ν 0 49. West Virginia ۱۸۸/ N 0 50. Wisconsin WI Ν 0 51. Wyoming WY N Λ American Samoa .. 52. AS Ν 0 N. 0 53. Guam ... GU 54. Puerto Rico ... PR N 0 55. U.S. Virgin Islands ... VI N. 56. Northern Mariana Islands ..... MP .N. .0 CAN ۵. 57. Canada ...... .N. XXX. ..0 .0 .0 0 .0 58. Aggregate other alien .. .QT .4.025.848 ..77.659.562 ..401,258,298 .0 .482,943,708 XXX .0 ..0 59. Subtotal... .0 60. Reporting entity contributions for Employee Benefit Plans... XXX 0 61. Total (Direct Business) XXX 4,025,848 77,659,562 401,258,298 0 0 482,943,708 DETAILS OF WRITE-INS 58001 XXX 58002 ХХХ 58003. XXX. 58998. Summary of remaining write-ins for ХХХ 0 0 0 ..0 .0 0 0 Line 58 from overflow page. 58999 Totals (Lines 58001 through 58003 XXX 0 0 0 0 0 0 plus 58998) (Line 58 above) 0

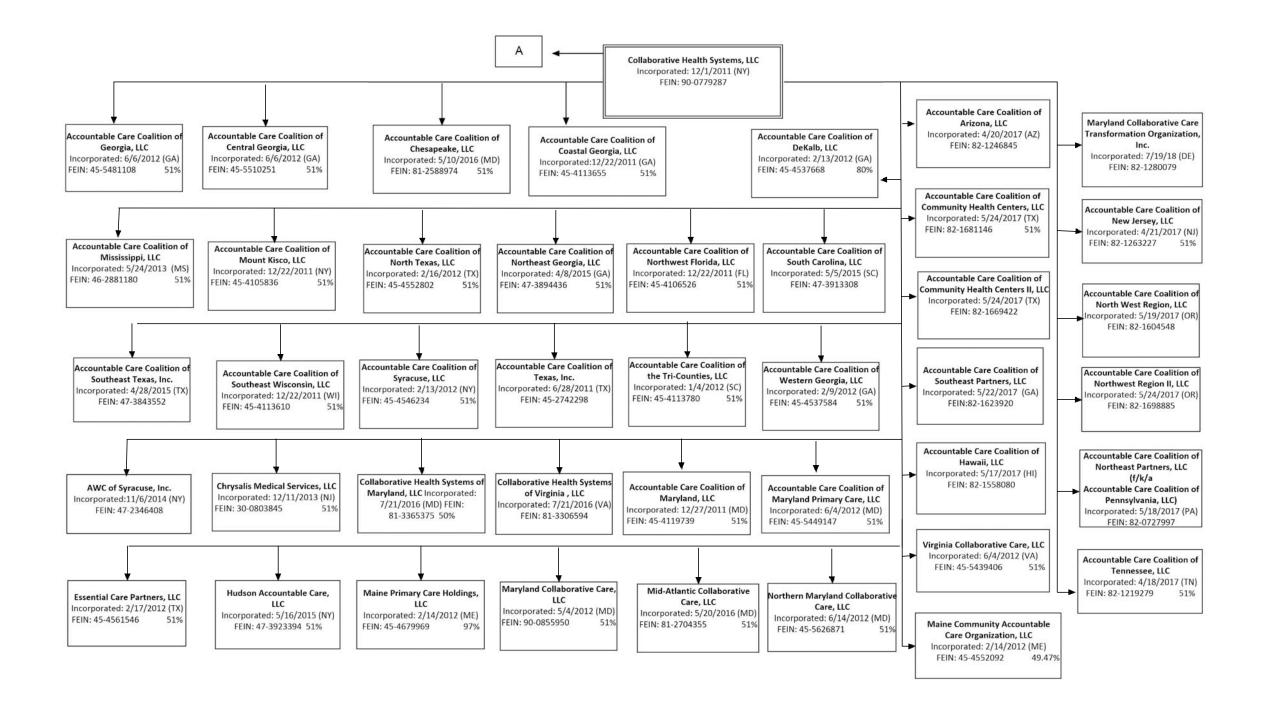
(a) Active Status Counts

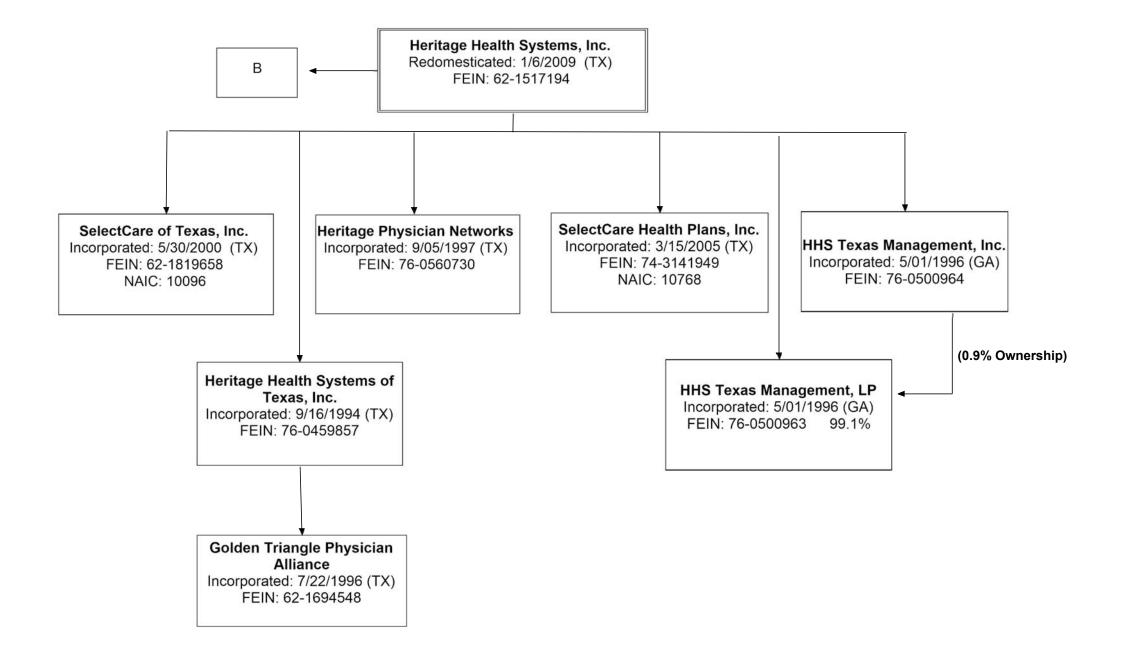
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .8 R – Registered – Non-domiciled RRGs .0 Q - Qualified - Qualified or accredited reinsurer

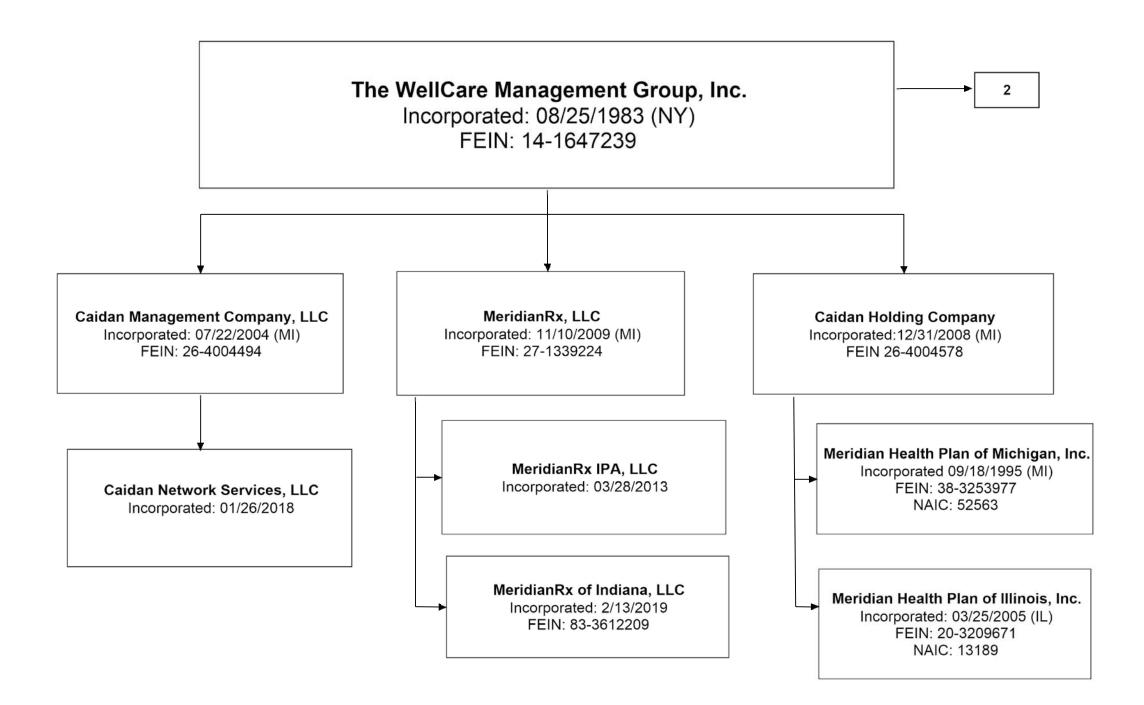
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state N – None of the above – Not allowed to write business in the state .....











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1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management.	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
													WellCare Health		
01199	WellCare Health Plans Inc	95310	06 - 1405640				WellCare of Connecticut Inc	<u>C</u> T	I A	WellCare of New York, Inc	Ownership	100.0	Plans, Inc	N	0
04400		05004	50 0500000				W 110 ( 51 · 1 · 1			The WellCare Management	0 1:	400.0	WellCare Health		
01199	WellCare Health Plans Inc	95081	59-2583622				WellCare of Florida Inc	FL	I A	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
01199	WellCare Health Plans Inc	00000	59-3547616				Comprehensive Health Management	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans. Inc	l N	٥
01199	wellcale health Flans Inc	00000	39-3347010				The WellCare Management Group,		NTA	Group, mc	ownersinp	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	00000	14 - 1647239				Inc.	NY	UIP	WCG Health Management, Inc	Ownership.	100.0	Plans, Inc	l N	0
01100	morroard martin rand mo.	00000	11 10 11 200						1	The WellCare Management	о што тогт р		WellCare Health		
01199	WellCare Health Plans Inc.	95534	14-1676443				WellCare of New York Inc.	NY	I A	Group. Inc.	Ownership	100.0	Plans, Inc.	lN	0
										The WellCare Management	'		WellCare Health		
01199	WellCare Health Plans Inc	00000	20-3320236				Harmony Behavioral Health Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc	И	0
													WellCare Health		
01199	WellCare Health Plans Inc	11229	36 - 4050495				Harmony Health Plan Inc	IL	I A		Ownership	100.0	Plans, Inc	N	
04400	Wall Care Haalth Dlane Inc	00000	22 2204045				Harmany Haalth Coatana Inc		NII A	The WellCare Management	O	100.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	22 <b>-</b> 3391045				Harmony Health Systems Inc	IL	NIA	Group, Inc.	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc	00000	36-4467676					IL	NIA	Harmony Health Systems, Inc	Ownerchin	100.0	Plans, Inc	N N	٥
01199	WellCare Health Plans Inc		47 <b>-</b> 0937650		0001279363	NVSE	WellCare Health Plans Inc	FL	JUIP	Shareholders	Ownersiiip	0.0	Fialls, IIIC	N	ا ۱
01133	Herroare nearth rans inc	00000	47 -0337 030		000 127 3303	IVIOL	l lettoare nearth Frans Inc		ווע	Sharehorder s			WellCare Health		
01199	WellCare Health Plans Inc.	00000	04-3669698				WCG Health Management Inc.	FL	UIP	WellCare Health Plans, Inc	Ownership.	100.0		l N	0
		İ					ľ			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	10760	20-2103320				WellCare of Georgia Inc	GA	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc	00000	98-0448921				Comprehensive Reinsurance Ltd	CYM	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
0.4.400		10.155					WellCare Prescription Insurance			The WellCare Management			WellCare Health	ا.,	
01199	WellCare Health Plans Inc	10155	20-2383134				Inc	FL	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	Ω
01199	WellCare Health Plans Inc.	12749	20-3562146				WellCare of Ohio Inc	OH	II A	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans. Inc	l N	٥
01199	Wellcale Health Flans Inc	12/49	20-3302 140				Harmony Behavioral Health IPA	VП	1	Harmony Behavioral Health.	ownersinp	100.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	20-3262322				Inc.	NY	NIA	Inc.	Ownership.	100.0	Plans, Inc	l N	ا ۱
0 1 100	norroard noarth rand mo		20 0202022				WellCare Pharmacy Benefits		1	The WellCare Management	о што то то тр		WellCare Health		
01199	WellCare Health Plans Inc.	00000	20-4869374				Management In	DE	NIA	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
							WellČare Health Insurance of			The WellCare Management	,		WellCare Health		
01199	WellCare Health Plans Inc	83445	86 - 0269558				Arizona Inc	AZ	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
1	l	L					WellCare Health Insurance		l	The WellCare Management			WellCare Health		.
01199	WellCare Health Plans Inc	64467	36-6069295				Company of Kentucky Inc	KY	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
04400	Wall Care Health Diana I ::	10004	44 0407500				WellCare Health Insurance of	AIV/	1.4	The WellCare Management	O	100.0	WellCare Health	.	_
01199	WellCare Health Plans Inc	10884	11-3197523		-		New York IncWellCare Health Plans of New	NY	I A	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	   WellCare Health Plans Inc	13020	20-8017319				Jersey Inc.	NJ	IA	Group. Inc	Ownership	100.0	Plans. Inc	N.	۱
01199	ן איכווטמול חלמונוו דומוו <i>ס</i> ווול	10020	ZU •0U I <i>I</i> 3 I y		-		1 JC1 SCY 1110	J\J	I A	The WellCare Management	Ownersinp	100.0	WellCare Health	N	
01199	WellCare Health Plans Inc	12964	20-8058761				WellCare of Texas Inc	ТХ	IA	Group, Inc	Ownership	100.0	Plans. Inc	l N	ا ۱
01100	norroard nourth rand mo	1200-1					Exactus Pharmacy Solutions,	/\	1	WellCare Pharmacy Benefits	0    110   0    11    P		WellCare Health		
01199	WellCare Health Plans Inc.	00000	20-8420512				Inc.	DE	NIA	Management	Ownership.	100.0	Plans, Inc.	lN	0
										The WellCare Management	'		WellCare Health		
01199	WellCare Health Plans Inc	00000	27 - 0386122				Ohana Health Plans, Inc	НІ	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities Exchange if			Dolotionobin		(Ownership,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		Relationship to		Board, Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
	Group Hame			1.002	U	comationary	WellCare Health Plans of	2004	Litting	The WellCare Management			WellCare Health	(,	
01199	WellCare Health Plans Inc.	00000	27 - 4293249				California, Inc.	CA	I A	Group. Inc.	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	14404	45-3617189				WellCare of Kansas, Inc	KS	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
							WellCare Health Plans of			The WellCare Management			WellCare Health	ll	
01199	WellCare Health Plans Inc	16533	45-5154364				Tennessee, Inc.	TN	A	Group, Inc.	Ownership	100.0		N	
01100		00000	45-3236788				America's 1st Choice California	FL	NIA	The WellCare Management	Ownership.	100.0	WellCare Health Plans, Inc	I , , I	
01199	wellcare hearth Flans inc	00000	40-3230/00				Holdings, LLC		NIA	Group, Inc	. ownership	100.0	WellCare Health	IN	l
01199	WellCare Health Plans Inc.	00000	20-5327501				Easy Choice Health Plan, Inc	CA.	I A	California Holdings, LLC	Ownership	100.0	Plans, Inc.	l N	ا ۱
01100	norroure ricartii i rano mo.	00000	20 002/001				WellCare of South Carolina,		1	The WellCare Management	. To will of off ip	100.0	WellCare Health	'\	
01199	WellCare Health Plans Inc	11775	32-0062883				Inc.	SC	I	Group Inc	Ownership	100.0	Plans, Inc	l	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	12913	20-5862801				Missouri Care, Incorporated	MO		Group, Inc	Ownership	100.0	Plans, Inc	N	0
							The WellCare Community			l			WellCare Health	ll	
01199	WellCare Health Plans Inc	00000	27 - 4212954				Foundation	DE	NIA	WellCare Health Plans, Inc	Ownership	100.0	Plans, Inc.	N	0
04400	WallCare Haalth Dlage has	00000	00 4000045				Window Hoolth Cooper Inc	TAI	NILA	The WellCare Management	O	100.0	WellCare Health	l ,,	١
01199	WellCare Health Plans Inc	00000	62 - 1832645				Windsor Health Group, Inc WellCare Health Plans of	TN	NIA	Group, IncThe WellCare Management	.Ownership	100.0	Plans, Inc WellCare Health	N	U
01199	WellCare Health Plans Inc.	15510	47 - 0971481				Kentucky, Inc	KY	IA	Group, Inc	Ownership	100.0	Plans, Inc	l M	١
01100	Herroare nearth rans inc	10010	47 -037 1401				l l			The WellCare Management	. Owner sirrp	100.0	WellCare Health	JV	
01199	WellCare Health Plans Inc.	15951	47 - 5456872				WellCare of Nebraska, Inc.	NE	I A	Group, Inc	Ownership.	100.0	Plans. Inc.	l	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	81-1631920				WellCare of Pennsylvania, Inc	PA	IA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management			WellCare Health	l .l	
01199	WellCare Health Plans Inc	16117	81-3299281				WellCare of Oklahoma, Inc	OK	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	WallCare Haalth Diese lee	00000	06 - 1742685				One Care by Care 1st Health	A7	IΑ	The WellCare Management	O	100.0	WellCare Health Plans, Inc	l ,,	١
01199	WellCare Health Plans Inc	00000	00-1/42085				Plan of Arizona, Inc Care 1st Health Plan Arizona.	AZ	I A	Group, IncThe WellCare Management	Ownership	100.0	WellCare Health	N	
01199	WellCare Health Plans Inc.	00000	57 - 1165217				Inc.	AZ	IA	Group, Inc.	Ownership.	100.0	Plans, Inc.	l M	٥
01100	liorroard ridartii rand mo	00000	07 1100217				Care 1st Health Plan		1	Care 1st Health Plan Arizona,	. o		WellCare Health		
01199	WellCare Health Plans Inc.	00000	46 - 2680154				Administrative Services, Inc.	AZ	NIA	linc.	Ownership	100.0	Plans, Inc.	N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16329	81-5442932				WellCare of Mississippi, Inc	MS	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management			WellCare Health	ll	
01199	WellCare Health Plans Inc	00000	82-0664467				WellCare of Virginia, Inc	VA	A	Group, Inc.	Ownership	100.0	Plans, Inc	N	
01100	WallCare Health Diene Inc	16000	82-1301128				WallCare of Alabama Inc	Al	IA	The WellCare Management	Ownership	100.0	WellCare Health	I , , I	٥
01199	WellCare Health Plans Inc	16239	02-1301120				WellCare of Alabama, Inc Accountable Care Coalition of	AL	I A	Group, Inc Collaborative Health Systems	Ownership	100.0	Plans, Inc WellCare Health	IN	
01199	WellCare Health Plans Inc.	00000	82-1246845				Arizona. LLC	AZ	NIA	IIIC	Ownership	51.0	Plans, Inc.	N	ا ۱
01100	norroard floarth Francis file	00000	02 12-100-10				Accountable Care Coalition of		1	Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc	00000	45-5510251				Central Georgia, LLC	GA	NIA	LLC	Ownership	51.0	Plans, Inc	lN	0
							Accountable Care Coalition of			Collaborative Health Systems,			WellCare Health		
01199	WellCare Health Plans Inc	00000	81-2588974				Chesapeake, LLC	MD	NIA	LLC	Ownership	100.0	Plans, Inc	N	0
04466	W 110 11 111 51	00000	45 4446055				Accountable Care Coalition of			Collaborative Health Systems			WellCare Health	<u> </u>	_
01199	WellCare Health Plans Inc	00000	45-4113655				Coastal Georgia, LLC	GA	NIA	LLC	Ownership	J51.0	Plans, Inc	JN	0

Cross   Concern Number   Company										,	<u></u>					
Securities   Sec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Processor   Company   Co																
Product   Prod										Relationshin			If Control is		Is an SCA	
Company   Company   Decade			NAIC					Names of			1					
Accountable Care Ceal Horse   Acco	Group			ID	Federal				Domiciliary		Directly Controlled by			Ultimate Controlling		
Mail Care Health Plass   Inc.   00000   5-7-65146   000000   5-7-65146   0000000   5-7-65146   00000000000000000000000000000000000	Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
Accountable Care Ceal Into of Committy Peal In Center II.   73																
Community Health Plans Inc.   Community Health Systems   Community Health Systems   Community Health Plans Inc.   Community	01199	WellCare Health Plans Inc	00000	82 <b>-</b> 1681146					TX	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
											0-11-1			Wallows Harles		
Accountable Care Realth Plans Inc.   0000   45-4507668   Accountable Care Coal Histon of Acc	01100	WallCare Health Dlane Inc	00000	00 1660400					τv	NII A	Collaborative Health Systems	Ownership	100.0		N.	
Defect   D	01199	Wellcare Health Flans Inc	00000	02-1009422					Λ	N I A	Collaborative Health Systems	Ownership	100.0		IN	
	01199	WellCare Health Plans Inc	00000	45-4537668					GA	NΙΔ	IIIC	Ownershin	80.0		l N	0
	0 1 100	norroard noarth rand mo	00000	10 1007 000							Collaborative Health Systems	о штот оттр	1			
Net Care Health Plans Inc.   00000   82-1653930   Southess Partners, LLC   SA   MIA   LLC   Otherwise   100   Plans Inc.   Met Care Health Plans Inc.   00000   45-549147   Met Care Californ of Met Care Californ of Met Care Health Plans Inc.   00000   45-549147   Met Care Californ of Met Care Californ of Met Care Health Plans Inc.   00000   45-491879   Met Care Health Plans Inc.   00000   45-491879   Met Care Californ of Met Care Californ of Met Care Health Plans Inc.   00000   45-491879   Met Care Health Plans Inc.   00000   45-491879   Met Care Health Plans Inc.   00000   45-491879   Met Care Health Plans Inc.   00000   45-491879   Met Care Health Plans Inc.   00000   45-491879   Met Care Health Plans Inc.   00000   45-491879   Met Care Health Plans Inc.   00000   45-491879   Met Care Health Plans Inc.   00000   45-4918885   Met Care Health Plans Inc.   00000   45-4918885   Met Care Health Plans Inc.   00000   47-384436   Met Care Health Plans Inc.	01199	WellCare Health Plans Inc.	00000	45-5481108					GA	NIA	LLC	Ownership	51.0		N	0
Note											Collaborative Health Systems	· ·				
	01199	WellCare Health Plans Inc	00000	82 <b>-</b> 1623920					GA	NIA	LLC	Ownership	100.0		N	0
MetiCare Health Plans inc   00000   45-549147   Normalizing Care Coalition of Normalizing Care Case   11 cm of Normalizing Care Ca		l									Collaborative Health Systems					
Maryland Primary Care   Maryland Primary Care   Maryland Primary Care   Maryland Primary Care   Maryland Primary Care   Maryland   LLC   Society   Marylan	01199	WellCare Health Plans Inc	00000	82 <b>-</b> 1558080					HI	NIA	ILLC	Ownership	100.0		N	0
Meticare Health Plans Inc.	01100	WallCara Haalth Blans Inc	00000	AE EAA01A7					MD	NIIA	Collaborative Health Systems	Ownership	51.0		l N	0
Maryland, LLC	01199	Wellcare nearth Flans Inc	00000	40-0449147					JIIU	NTA	Collaborative Health Systems	Ownership			JN	
Accountable Care Coalition of Hississippi, LLC   MS, NIA   CLC   MS   MI   CLC   MS   MI   CLC   MS   MI   CLC   MS   MI   CLC   MS   MS   MS   MS   MS   CLC   MS   MS   MS   MS   MS   MS   MS   M	01199	WellCare Health Plans Inc	00000	45-4119739					MD	NIA	III.	Ownershin	51.0		l N	0
	01100	morroard maartin rame mo.	00000	10 1110100							Collaborative Health Systems	о штот оттр	1		,	
Mail Care Health Plans Inc.   00000   45-4105836   Mount Risco, LLC   MV   NIA.   LLC   Collaborative Health Systems   Mount Risco, LLC   New Yersey, LLC	01199	WellCare Health Plans Inc	00000	46-2881180					MS	NIA	LLC	Ownership	51.0		N	0
Accountable Care Coalition of New Jersey, LLC   N. NIA   LLC   N. NIA   LLC   New Jersey, LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   N. NIA   LLC   New Jersey, LLC   NIA   LLC   Nestable Jersey, LLC   NIA   LLC   New Jersey, LLC   NIA   LLC   Ne											Collaborative Health Systems			WellCare Health		İ
New   Jersey   LLC   NI   NI   LLC   Ownership   Strong   Plans   Inc   Ni   NI   LLC   Ownership   Strong   Ni   Plans   Inc   Ni   Ni   Ni   Ni   Ni   Ni   Ni   N	01199	WellCare Health Plans Inc	00000	45-4105836					NY	NIA	LLC	Ownership	51.0		N	0
Accountable Care Coalition of North Most Region II, LLC.	04400		00000	00 4000007							Collaborative Health Systems		54.0			
North Texas, LLC   TX   NIA   LLC   Collaborative Health Systems   Northeast Georgia, LLC   TX   NIA   LLC   Collaborative Health Systems   Northeast Georgia, LLC   TX   NIA   LLC   Collaborative Health Systems   Northeast Georgia, LLC   Collaborative Health Systems   Northeast Georgia, LLC   Collaborative Health Systems   Northeast Georgia, LLC   TX   NIA   LLC   Collaborative Health Systems   Northeast Georgia, LLC	01199	WellCare Health Plans Inc	00000	82-1263227					NJ	NIA	LLC	Ownership	51.0		N	0
Note   Contract   Co	01100	WallCare Health Plans Inc	00000	45 4552 <u>902</u>					TV	NIIA	Lic nearth Systems	Ownerchin	51.0		l N	0
Northeast Georgia   LLC   SA   NIA   LLC   Collaborative Health Systems   Sale (Lare Health Plans Inc   00000   47-3894436   Northwest Florida   LLC   SA   NIA   LLC   Collaborative Health Systems   Collaborative He	01199	Herroare nearth Frans Inc	00000	43-4332002					/ A	NIA	Collaborative Health Systems	Ownerstrip				
Occupance   Continue	01199	WellCare Health Plans Inc	00000	47 - 3894436					GA	NIA	IIC	Ownership	51.0		l N	0
Morthwest Florida, LLC.   FL   NIA   LLC.   Ownership   S1.0   Plans, Inc.   N   Ow	01100	norroard martin rand mo	00000	11 000 1 100							Collaborative Health Systems	0 11101 0111 p	1			
Other   Othe	01199	WellCare Health Plans Inc	00000	45-4106526					FL	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
Output   O											Collaborative Health Systems					
MellCare Health Plans Inc.   00000   82-1698885   North West Region II, LLC.   OR   NIA   LLC.   Ownership   100.0   Plans, Inc.   N   0   Octoberative Health Plans Inc.   00000   82-0727997   Northeast Partners, LLC.   PA   NIA   LLC.   Collaborative Health Systems   Northeast Partners, LLC.   PA   NIA   LLC.   Collaborative Health Systems   Northeast Partners, LLC.   Ownership   100.0   Plans, Inc.   N   0   Pl	01199	WellCare Health Plans Inc	00000	82 <b>-</b> 1604548					OR	NIA	LLC	Ownership	100.0		N	0
O1199 Well Care Health Plans Inc. 00000 82-0727997. Accountable Care Coalition of Northeast Partners, LLC. PA. NIA. LLC. 00000 47-3913308. South Carolina, LLC. Southable Care Coalition of Southeast Texas, Inc. TX. NIA. LLC. 00000 47-3843552. Southeast Texas, Inc. TX. NIA. LLC. 00000 45-4113610. Southeast Wisconsin. WII. NIA. LLC. 00000 45-4413610. Southeast Wisconsin. WII. NIA. LLC. 00000 45-4546234. Syracuse, LLC. NY. NIA. LLC. 00000 82-1219279. Well Care Health Plans Inc. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. TN. NIA. LLC. 00000 82-1219279. Accountable Care Coalition of Syracuse, LLC. NIA. COIlaborative Health Systems Syracuse, LLC. NIA. Syracuse, LLC. NIA. COIlaborative Health Systems Syracuse, LLC.	04400	WallCare Haalth Dlane Inc	00000	00 4000005					ΛD	NII A		O	100.0			
01199 WellCare Health Plans Inc. 00000. 82-0727997   Northeast Partners, LLC. PA. NIA. LLC. Collaborative Health Systems, Output Care Coalition of South Carolina, LLC. Sc. NIA. LLC. Ownership. 100.0 Plans, Inc. N. 0.0 Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 47-3913308   South Carolina, LLC. Sc. NIA. LLC. Collaborative Health Systems, LC. N. NIA. LLC. Ownership. 100.0 Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 47-3843552   Southeast Texas, Inc. TX. NIA. LLC. Collaborative Health Systems WellCare Health Plans Inc. 00000. 45-4113610.   Southeast Wisconsin. Accountable Care Coalition of Southeast Wisconsin. Accountable Care Coalition of Accountable Care Coalition of Syracuse, LLC. NY. NIA. LLC. Ownership. 51.0 Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 45-4546234.   Syracuse, LLC. NY. NIA. LLC. Ownership. 51.0 Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Coalition of Tannessee, LLC. TN. NIA. LLC. Ownership. 51.0 Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000. 82-1219279   Plans, Inc. N. 0.0 WellCare Health Plans Inc. 00000.	01199	wellcare Health Plans Inc	00000	82-1098885					UK	NIA		Ownership	100.0		JN	
Accountable Care Coalition of South Carolina, LLC	01100	WellCare Health Plans Inc	00000	82_0727007					PΔ	NΙΔ	III	Ownershin	100.0		l N	١
01199. WellCare Health Plans Inc. 00000. 47-3913308. South Carolina, LLC. SC. NIA LLC. Collaborative Health Systems, LLC. Ownership. 100.0 WellCare Health Plans Inc. 00000. 47-3843552. Southeast Texas, Inc. N. O. Accountable Care Coalition of Southeast Wisconsin. WI NIA LLC. Collaborative Health Systems Of Southeast Wisconsin. WI NIA LLC. Ownership. 100.0 WellCare Health Plans Inc. 00000. 45-4113610. Ownership. 100.0 WellCare Health Plans Inc. 00000. 45-4546234. Syracuse, LLC. NY NIA LLC. Ownership. 51.0 WellCare Health Plans Inc. 00000. 45-4546234. Ownership. 51.0 WellCare Health Plans Inc. 00000. 82-1219279. Ownership. 51.0 WellCare Health Plans Inc. 00000. 82-1219279. Ownership. 51.0 WellCare Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Example Care Coalition of Collaborative Health Systems Of Collaborative	01100	merroare nearth rans me	00000	02-0121331							Collaborative Health Systems	0 #1101 3111 p				
Accountable Care Coalition of Southeast Texas, Inc.   TX   NIA   LLC.   Collaborative Health Systems, LLC.   Ownership   100.0   WellCare Health Plans Inc.   Ownership   100.0   Well	01199	WellCare Health Plans Inc.	00000	47 - 3913308					SC	NIA	LLC	Ownership.	100.0		N	0
01199. WellCare Health Plans Inc. 00000. 47-3843552. Southeast Texas, Inc. TX. NIA LLC. Ownership 100.0 Plans, Inc. N. 0 Accountable Care Coalition of Southeast Wisconsin. WI NIA LLC. Ownership 51.0 Plans, Inc. N. 0 Accountable Care Coalition of Collaborative Health Systems 01199. WellCare Health Plans Inc. 00000. 45-4546234. Ownership 51.0 Plans, Inc. N. 0 Accountable Care Coalition of Syracuse, LLC. NY. NIA LLC. Ownership 51.0 Plans, Inc. N. 0 Accountable Care Coalition of Collaborative Health Systems 01199. WellCare Health Plans Inc. 00000. 82-1219279. Tennessee, LLC. TN. NIA LLC. Ownership 51.0 Plans, Inc. N. 0 Accountable Care Coalition of Collaborative Health Systems 01199. WellCare Health Plans Inc. 00000. 82-1219279. Accountable Care Coalition of Collaborative Health Systems								Accountable Care Coalition of			Collaborative Health Systems,			WellCare Health		
01199. WellCare Health Plans Inc. 00000. 45-413610. Southeast Wisconsin. WI. NIA LLC. Ownership. 51.0 Plans, Inc. N. 0 Accountable Care Coalition of Syracuse, LLC. NY. NIA LLC. Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Plans Inc. 00000. 45-4546234. Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Plans Inc. 00000. 82-1219279. Southeast Wisconsin. WI. NIA LLC. Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0	01199	WellCare Health Plans Inc	00000	47 - 3843552	.				ТХ	NIA	LLC	Ownership	100.0		N	0
Accountable Care Coalition of Syracuse, LLC.  Oligon WellCare Health Plans Inc.  Oligon WellCare Health Systems		[ <u>.</u>									Collaborative Health Systems					
01199. WellCare Health Plans Inc. 00000. 45-4546234. Syracuse, LLC. NY. NIA LLC. Ownership 51.0 Plans, Inc. N 001199. WellCare Health Plans Inc. 00000. 82-1219279. Syracuse, LLC. NY. NIA LLC. Ownership 51.0 Plans, Inc. N 001199. WellCare Health Plans Inc. 00000. 82-1219279. Accountable Care Coalition of Accountable Care Coalition of Collaborative Health Systems WellCare Health	01199	WellCare Health Plans Inc	00000	45-4113610					WI	NIA	LLC	Ownership	51.0		N	0
Accountable Care Coalition of Tennessee, LLC	04400	Wall Cana Haal the Diagon Livi	00000	45 4540004					AIV/	NI A	Collaborative Health Systems	O				
01199 WellCare Health Plans Inc. 00000 82-1219279 Tennessee, LLC. TN. NIA LLC. Ownership 51.0 Plans, Inc. N 00000 WellCare Health Systems	01199	wellcare Health Plans Inc	UUUUU	45-4546234					NY	NIA	Collaborative Health Systems	ownersnip	51.0		N	0
Accountable Care Coalition of Collaborative Health Systems WellCare Health	01100	  WellCare Health Plans Inc	00000	82-1210270					TN	NΙΔ		Ownershin	51 0		N	ا ۱
	01100			UL-1213213					1N			ν πιιοι σιτιμ			JN	
	01199	WellCare Health Plans Inc.	00000	45-2742298					TX	NIA	LLC.	Ownership	100.0		N	0

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1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities Exchange if			Relationship		(Ownership, Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)	(Y/N)	*
						,	Accountable Care Coalition of			Collaborative Health Systems	,		WellCare Health		
01199	WellCare Health Plans Inc	000004	45-4113780				the Tri-Counties, LLC	SC	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
04400	W 110 11 111 B1	00000	45 4507504				Accountable Care Coalition of			Collaborative Health Systems		54.0	WellCare Health	l ,]	
01199	WellCare Health Plans Inc	00000	45 <b>-</b> 4537584				Western Georgia, LLC	GA	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
							American Progressive Life & Health Insurance Company of New			Universal American Holdings,			WellCare Health		
01199	WellCare Health Plans Inc.	80624	13-1851754				York	NY	IA	III C.	Ownership	100.0	Plans. Inc.	l N	0
01100	lior rouro riour (ii r ruilo riio	0002 1	10 1001101				1011				0 11101 0111 p		WellCare Health		
01199	WellCare Health Plans Inc.	00000	52-2134236				APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc	Ownership	100.0	Plans, Inc	N	0
											·		WellCare Health		
01199	WellCare Health Plans Inc	00000	54 <b>-</b> 1602622				APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	Plans, Inc	N	0
04400	Wall Care Harlith Blace Las	00000	45 4044700				ADO Devent Lee	DE	NII A	Universal American Holdings,	Owner and his	400.0	WellCare Health	l "l	0
01199	WellCare Health Plans Inc	00000	45-4644722				APS Parent, Inc	DE	NIA	LLU	Ownership	100.0	Plans, Inc WellCare Health	N	l
01199	WellCare Health Plans Inc.	00000	30-0803845				Chrysalis Medical Services, LLC.	TX	NIA	Heritage Health Systems, Inc.	Ownership	51.0		l M	0
01100	morroure ricartii i rane ino	00000	00 00000+0				Collaborative Health Systems of			Collaborative Health Systems,	0 11101 3111 p	1	WellCare Health	'\	
01199	WellCare Health Plans Inc.	00000	81-3365375				Maryland, Inc.	MD	NIA	LLC	Ownership	50.0	Plans, Inc.	N	0
							Collaborative Health Systems of			Collaborative Health Systems,	· ·		WellCare Health		
01199	WellCare Health Plans Inc	00000	81-3306594				Virginia, Inc	VA	NIA	LLC	Ownership	100.0	Plans, Inc	N	0
04400	Wall Care Harlith Blace Las	00000	90-0779287				Collaborative Health Systems,	AIV/	NII A	III. ' o a la Amara' a cara O a car	Owner and his	400.0	WellCare Health	l "l	0
01199	WellCare Health Plans Inc	00000	90-0779287				LLU	NY	NIA	Universal American Corp	Ownership	100.0	Plans, Inc WellCare Health	<sup>N</sup>	l
01199	WellCare Health Plans Inc.	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	III.	Ownership	100.0	Plans, Inc	l N	0
01100	morroure ricartii i rane ino	00000	01 2002-100				Limpiro derraborativo daro, Ele			Collaborative Health Systems	0 111 0 1 0 1 1 1 p	1	WellCare Health		
01199	WellCare Health Plans Inc	000004	45-4561546				Essential Care Partners, LLC	ТХ	NIA	LLC.	Ownership	51.0	Plans, Inc	N	0
							Golden Triangle Physician			Heritages Health Systems of			WellCare Health	l	_
01199	WellCare Health Plans Inc	00000	62 <b>-</b> 1694548				Alliance	TX	NIA	Texas Inc	Ownership	100.0	Plans, Inc	N	0
01199	   WellCare Health Plans Inc	00000	76-0459857				Heritage Health Systems of Texas. Inc.	ТХ	NIA	Heritage Health Systems, Inc.,	Ownership	100.0	WellCare Health Plans. Inc	I ,	0
01199	Well cale liear (II Flans IIIc	00000	70-0439037				1 168.45 , 1110	I A	N I A	Ther itage hearth systems, inc.	Ownersinp	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc	00000	62-1517194				Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership.	100.0	Plans, Inc.	l	0
										· '	'		WellCare Health		
01199	WellCare Health Plans Inc	00000	76 - 0560730				Heritage Physician Networks	ТХ	NIA	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	W 110 11 111 B1		70 0500004							l., ., ., ., ., .		400 0	WellCare Health	ll	
01199	WellCare Health Plans Inc	00000	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc.,	Ownersnip	100.0	Plans, Inc WellCare Health	N	l
01199	WellCare Health Plans Inc.	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc.,	Ownershin	99 1	Plans. Inc.	l M	0
01100	morroure ricartii i rane mo						Tillo Toxas managomortt, El			Collaborative Health Systems,	0 111 0 1 0 1 1 1 p		WellCare Health		
01199	WellCare Health Plans Inc.	00000	47 - 3923394				Hudson Accountable Care, LLC	NY	NIA	ILLC	Ownership	51.0		N	0
							Maine Community Accountable		[	Maine Primary Care Holdings,			WellCare Health		İ
01199	WellCare Health Plans Inc	00000	45 <b>-</b> 4552092				Care Organization, LLC	ME	NIA	LLC	Ownership	49.5	Plans, Inc	[N	0
01100	   WellCare Health Plans Inc	00000	45-4679969				Maine Primary Care Holdings,	ME	NIA	Collaborative Health Systems	Ownership	07.0	WellCare Health Plans. Inc		_
01199	METICATE MEATUR FIANS INC	00000	40-40/9909				Maryland Collaborative Care.	JVIC		Collaborative Health Systems	Ownership	97.0	WellCare Health	N	l
01199	WellCare Health Plans Inc.	00000	90-0855950				LLC	MD	NIA	LLC.	Ownership	51.0	Plans. Inc.	N	n l
							Mid-Atlantic Collaborative	]		Collaborative Health Systems,	e		WellCare Health		
01199	WellCare Health Plans Inc	00000	81-2704355				Care, LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc	]N	0

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						Name of					Type of Control				
						Securities			Dalatianahia		(Ownership,	If Cambrel :-			
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)	(Y/N)	*
Oode	Group Harrie	Oouc	Number	ROOD	Ont	internationar)	Northern Maryland Collaborative	Location	Littly	Collaborative Health Systems	milderice, Other)	r crecitage	WellCare Health	(1/14)	
01199	WellCare Health Plans Inc.	00000	45-5626871				Care. LLC	MD	NIA	LLC	Ownership.	51.0	Plans, Inc	l N	0
							,			Universal American Financial	,		WellCare Health		
01199	WellCare Health Plans Inc	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Services	Ownership	100.0		N	0
										<u></u>			WellCare Health		
01199	WellCare Health Plans Inc	00000	58 - 2633295				Premier Marketing Group, LLC	DE		Penn Marketing America, LLC	Ownership	100.0		N	0
01100		00000	13-3491681				Ouiney Covered Corneration	NY	NIA	Universal American Holdings,	Ownership.	100 0	WellCare Health Plans, Inc	N	0
01199	werroare hearth Frans Inc	00000	13-3491001				Quincy Coverage Corporation		JN I A	LLU	ownership	100.0	WellCare Health	IN	
01199	WellCare Health Plans Inc.	10768	74-3141949				SelectCare Health Plans, Inc	TX	I A	Heritage Health Systems, Inc.	Ownershin	100 0	Plans, Inc.	l N	0
01100	liorroard floarth Franc floar	101 00	7 1 0 1 1 10 10				Coroctours risartii Frans, ms			The reago ribaren by beamb, The	о што то то тр		WellCare Health	1	
01199	WellCare Health Plans Inc	10096	62-1819658				SelectCare of Texas, Inc	TX	I A	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc	N	0
										Universal American Financial	'		WellCare Health		İ
01199	WellCare Health Plans Inc	00000	42-0989096				UAM Agent Services Corp	I A	NIA	Services	Ownership	100.0	Plans, Inc	N	0
0.4400	L		00.0450005					25		L		400.0	WellCare Health	l	
01199	WellCare Health Plans Inc	00000	26 - 0153605				UAM/APS Holding Corp	DE	NIA	APS Parent, Inc.	Ownership	100.0	Plans, Inc.	N	0
01199	   WellCare Health Plans Inc	00000	27 -4683816				Universal American Corp	DE	NIA	The WellCare Management Group, Inc	Ownership	100 0	WellCare Health Plans, Inc	N	0
01199	. Wellcale health Flans Inc	00000	27 -4003010				Universal American Corp	⊅⊑	N I A	Universal American Holdings,	Owner Strip	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc	00000	95-3800329				Services	DE	NIA	LLC	Ownership	100 0	Plans, Inc.	l N	0
							Universal American Holdings,						WellCare Health		
01199	WellCare Health Plans Inc	00000	45-1352914				LLC	DE	NIA	Universal American Corp	Ownership	100.0	Plans, Inc	N	0
							Virginia Collaborative Care,			Collaborative Health Systems			WellCare Health	1 1	
01199	WellCare Health Plans Inc	00000	45-5439406				LLC	VA	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
04400	Wall Care Hardth Blace Las	00000	00 4040500				Worlco Management Services,	AIV/	NII A	W1 M O	Own and the	400.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	23 - 1913528				Inc	NY	NIA	Worlco Management Services Collaborative Health Systems	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc	00000	47 -2346408				AWC of Syracuse, Inc	NY	NIA	LLC	Ownership	100.0		l M	٥
01100	l licitodic ficartii i rans fiic	00000	47 -2040400				WellCare Health Plans of			The WellCare Management	0 will of 3111 p	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	16253	82-3169616				Arizona, Inc.	AZ	I A	Group. Inc.	Ownership.	100.0	Plans, Inc.	N	0
							,			The WellCare Management	'		WellCare Health	l i	
01199	WellCare Health Plans Inc	16344	82-3114517				WellCare of Maine, Inc	ME	I A	Group, Inc.	Ownership	100.0		N	0
04400	LW 110 11 111 B1	00000	00 0000440				W 110 ( B ( B)	DD.		The WellCare Management	0 1:	400.0	WellCare Health	l	
01199	WellCare Health Plans Inc	00000	66-0888149				WellCare of Puerto Rico, Inc	PR	I A	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
01199	WellCare Health Plans Inc	00000	82-4598040				WellCare Associate Assistance   Fund, Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100 0	WellCare Health Plans, Inc	N	0
01199	wellcale nearth Flans Inc	00000	02-4090040				WellCare Health Insurance	Γ∟	N I A	The WellCare Management	ownersinp	100.0	WellCare Health	IN	
01199	WellCare Health Plans Inc.	16343	82-4247084				Company of America	AR	IA	Group, Inc.	Ownership	100 0	Plans. Inc.	l N	0
	last to the first the fall of the first						WellCare National Health			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc.	16342	82-5127096				Insurance Company	TX	I A	Group. Inc.	Ownership	100.0	Plans, Inc	N	0
							WellCare of North Carolina,			The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc	16547	82-5488080				Inc	NC	I A	Group, Inc.	Ownership	100.0	Plans, Inc	[N	0
04400	Wallows Hashth Blass	00000	00 4004404				October Messages to Commerce 110		NII A	The WellCare Management	0	400.0	WellCare Health	[]	
01199	WellCare Health Plans Inc	00000	26 - 4064494				Caidan Management Company, LLC	MI	NIA	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199	WellCare Health Plans Inc.	00000	26-4064494				Caidan Network Services. LLC	MI	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	N	۱
01100	Increase licartification file	00000	∠∪ -+UU++J4				Todinan Network Octaines, LLC		1NIV	Oroup, 1116	υπιστοπτρ	100.0	1 Tario, Tilo	I	

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1	2	3	4	5	6	/ Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership.				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
	5.545 1145	0000		1.002	0	international)		2004.011		The WellCare Management		. oroomago	WellCare Health	(1711)	
01200	WellCare Health Plans Inc.	00000	26-4004578				Caidan Holding Company	MI	UDP	Group. Inc.	Ownership	100.0	Plans. Inc.	l N	0
							Maryland Collaborative Care								
							Transformation Organization,			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	82-1280079				Inc	DE	NIA	Group, Inc.	. Ownership	100.0	Plans, Inc	lN	0
							Meridian Health Plan of			The WellCare Management	'	İ	WellCare Health	i i	
01199	WellCare Health Plans Inc	13189	20-3209671				Illinois, Inc	IL	I A	Group. Inc.	. Ownership	100.0	Plans, Inc	N	0
							Meridian Health Plan of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	52563	38-3253977				Michigan, Inc	MI	RE	Group, Inc	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	83-2069308				WellCare of Washington, Inc	WA	I A	Group, Inc	. Ownership	100.0	Plans, Inc	N	0
	l									The WellCare Management			WellCare Health	ll	
01199	WellCare Health Plans Inc	00000	27 - 1339224				MeridianRx, LLC	MI	NIA	Group, Inc	. Ownership	100.0	Plans, Inc	N	0
04400		00000	00.0400000				W	ND/		The WellCare Management	0 1:	400.0	WellCare Health	۱, ا	0
01199	WellCare Health Plans Inc	00000	32-0408908				MeridianRX IPA, LLC	NY	NIA	Group, Inc.	Ownership	100.0	Plans, Inc.	N	0
04400	WallCare Haalth Diags Inc	10510	02 2420200				WellCare Health Insurance of	СТ	IA	The WellCare Management	O	100 0	WellCare Health	۱ ۱	0
01199	WellCare Health Plans Inc	16513	83-2126269				Connecticut, Inc.		I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc.	<sup>IN</sup>	0
01199	WellCare Health Plans Inc	16532	83-2276159				WellCare Health Insurance of Tennessee. Inc	TN	LA	Group, Inc	Ownership.	100 0	WellCare Health Plans. Inc	ار <sub>ا</sub> ا	0
01199	werroare mearth Frans Inc	10032	03-22/0139				WellCare Health Plans of	I IN	A	The WellCare Management	. Owner strip	100.0	WellCare Health	IN	U
01199	WellCare Health Plans Inc.	16514	83-2255514				Vermont, Inc.	VT	LA	Group, Inc	Ownership	100.0	Plans, Inc	l N	0
01133	"erroare nearth rians inc	10014	03-2200014				verillont , mc	1		The WellCare Management	. Owner sirrp	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	16531	83-2797833				WellCare of Arkansas. Inc.	AR	IA	Group, Inc	Ownership.	100.0	Plans. Inc.	l N	0
01100	morrouro modrem rano mo.	10001	00 2707000				liorroard or Arnamado, mo.			The WellCare Management	. O	1	WellCare Health		
01199	WellCare Health Plans Inc.	00000	83-2840051				WellCare of Indiana, Inc.	IN	LA	Group, Inc.	Ownership	100.0	Plans. Inc.	l N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16515	83-2914327				WellCare of New Hampshire, Inc.	NH	I A	Group. Inc.	. Ownership	100.0	Plans. Inc.	lN	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	83-3612209				MeridianRx of Indiana, LLC	IN	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
							WellCare Health Insurance			The WellCare Management	,		WellCare Health		
01199	WellCare Health Plans Inc	00000	83-3333918				Company of Louisiana, Inc	LA		Group, Inc	. Ownership	100.0	Plans, Inc	N	0
	<u>                                     </u>						WellCare Health Insurance			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16516	83-3091673	.			Company of New Hampshire, Inc	NH	I A	Group, Inc.	Ownership	100.0	Plans, Inc	[N	0
04400		00000	00 0400000				WellCare Health Insurance	J,, .	ļ ,.	The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	83-3166908				Company of Washington, Inc	WA	I A	Group, Inc.	Ownership	100.0	Plans, Inc	[N	0
04400	Wall Cana Haal the Blace Lee	00000	00 0040040				WellCare Health Insurance	μ, i	1.4	The WellCare Management	Own a mak '	400 0	WellCare Health		_
01199	WellCare Health Plans Inc	00000	83-3310218				Company of Wisconsin, Inc	WI	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc	[N	0
01100		16548	83-3493160				WellCare Health Insurance of	NC	I A	The wellcare management Group, Inc.	Ownership	100.0	WellCare Health Plans. Inc.	, , , , , , , , , , , , , , , , , , ,	_
01199	welloare mearth Plans Inc	10046	oo-3493 10U	-			North Carolina, Inc WellCare Health Plans of	J\\\	I A	The WellCare Management	. ownersiiip	100.0	Plans, Inc   WellCare Health	[N	0
01199		00000	83-3351254				Wisconsin. Inc.	WI	IA	Group. Inc	Ownership	100.0	Plans. Inc.	l M	0
01199	וייט וויסול הלמונוו רומוו <i>ס</i> ווול	00000	00-0001204	-			WellCare of Missouri Health		I A	The WellCare Management	. Owner Sirrp	100.0	WellCare Health	IN	
01199	WellCare Health Plans Inc	16512	83-3525830				Insurance Company, Inc	MO	LA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
01100	morroare nearth rans inc	10012	00-0020000				Triburance company, Tric	JiiV	I /\	[ σι σαρ, πιο	. O #1101 9111 P	100.0	Tano, 1110	JV	
									· · · · · · · · · · · · · · · · · · ·						
														[	
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Asterisk	Explanation
0000001	

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
Explanation:	
Bar Code:	

## **OVERFLOW PAGE FOR WRITE-INS**

#### **SCHEDULE A – VERIFICATION**

	Real Estate		
		1	2
			Prior Year Ended
		Year To Date	December 31
Book/adjusted carrying value, De	ecember 31 of prior year	0	0
Cost of acquired:	_		
2.1 Actual cost at time of acquis	ition		0
2.2 Additional investment made	after acquisition ances		0
<ol><li>Current year change in encumbra</li></ol>	ances		0
4. Total gain (loss) on disposals			0
5. Deduct amounts received on dis	posals JJUIL		0
Total foreign exchange change in	n book/adjusted carrying value		0
	-temporary impairment recognized.		
Deduct current year's depreciation	on		0
Book/adjusted carrying value at t	the end of current period (Lines 1+2+3+4-5+6-7-8)	0	L0
10. Deduct total nonadmitted amoun		0	L0
11. Statement value at end of curren	nt period (Line 9 minus Line 10)	0	0

## **SCHEDULE B - VERIFICATION**

Mortgage Loans							
	1	2					
		Prior Year Ended					
	Year To Date	December 31					
Book value/recorded investment excluding accrued interest, December 31 of prior year	10	0					
2. Cost of acquired:							
2.1 Actual cost at time of acquisition		0					
2.2 Additional investment made after acquisition		LU I					
3. Capitalized deferred interest and other.  4. Accrual of discount.  5. Unrealized valuation increase (decrease).  6. Total gain (loss) on disposals.  7. Deduct amounts received on disposals.		0					
4. Accrual of discount		0					
5. Unrealized valuation increase (decrease)		0					
6. Total gain (loss) on disposals		0					
7. Deduct amounts received on disposals.		0					
Deduct amortization of premium and mortgage interest points and commitment fees.      Total foreign exchange change in book value/recorded investment excluding accrued interest		0					
Total foreign exchange change in book value/recorded investment excluding accrued interest		0					
10. Deduct current vear's other-than-temporary impairment recognized		0					
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-							
8+9-10)	0	0					
12. Total valuation allowance		0					
13. Subtotal (Line 11 plus Line 12)	0	0					
14. Deduct total nonadmitted amounts	10	0					
15. Statement value at end of current period (Line 13 minus Line 14)	0	0					

## **SCHEDULE BA – VERIFICATION**

	Other Long-Term Invested Assets		
		1	2 Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,190,099	1,306,535
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition     2.2 Additional investment made after acquisition     Capitalized deferred interest and other.  Accrual of discount.		0
	2.2 Additional investment made after acquisition		L0
3.	Capitalized deferred interest and other		0
4.	Accrual of discount		0
5.	Accrual of discount.  Unrealized valuation increase (decrease)  Total gain (loss) on disposals.  Deduct amounts received on disposals.  Deduct amortization of premium and depreciation.  Total foreign exchange change in book/adjusted carrying value.  Deduct current year's other-than-temporary impairment recognized.		(39,013)
6.	Total gain (loss) on disposals		0
7.	Deduct amounts received on disposals		77 ,423
8.	Deduct amortization of premium and depreciation		0
9.	Total foreign exchange change in book/adjusted carrying value		0
10.	Deduct current year's other-than-temporary impairment recognized		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	, 190,099	1 , 190 , 099
12.	Deduct total nonadmitted amounts	1 , 155 , /14	1,155,/14
13.	Statement value at end of current period (Line 11 minus Line 12)	34,385	34,385

## **SCHEDULE D – VERIFICATION**

Bonds and Stocks		
	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year      Cost of bonds and stocks acquired	310,000	125,882,020
Cost of bonds and stocks acquired	299,991,782	20,287,119
3. Accrual of discount	()	I 48.099 I
Unrealized valuation increase (decrease)	253,318	(2, 193, 108)
5. Total gain (loss) on disposals	L290.710	L74.427
6. Deduct consideration for bonds and stocks disposed of	200.285.796	L142.302.070
7. Deduct amortization of premium	()	1.514.0/3 I
8. Total foreign exchange change in book/adjusted carrying value.  9. Deduct current year's other-than-temporary impairment recognized.  10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.	0	0
Deduct current year's other-than-temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	27 ,586
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	100,560,014	310,000
12. Deduct total nonadmitted amounts	<u>0</u>	L0
13. Statement value at end of current period (Line 11 minus Line 12)	100,560,014	310,000

### **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	310,000	299,991,782	199,995,086	253,318	100,560,014	0	0	310,000
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	310,000	299,991,782	199,995,086	253,318	100,560,014	0	0	310,000
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	310,000	299,991,782	199,995,086	253,318	100,560,014	0	0	310,000

(a) Book/Ad	ljusted Carrying Value column for t	he end of the current reporting period i	ncludes the following amount of sho	ort-term and cash equivalent	bonds by NAIC designation: NAIC 1 \$	0	; NAIC 2 \$
NAIC 3 \$	0 ; NAIC 4 \$	5 NAIC 5 \$	0 ; NAIC 6 \$	0			

## **SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted			Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
9199999	0	xxx	0	0	0

#### **SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	0	71,295,068
Cost of short-term investments acquired	0	61,150,044
3. Accrual of discount	0	91,660
Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	(92,058)
Deduct consideration received on disposals		
7. Deduct amortization of premium	0	468,114
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification

Schedule DB - Part B - Verification

Schedule DB - Part C - Section 1

Schedule DB - Part C - Section 2

Schedule DB - Verification

## SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	1,836,670	2,076,605
Cost of cash equivalents acquired		
3. Accrual of discount		0
Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals		
Deduct consideration received on disposals	300,236,327	279,795,575
7. Deduct amortization of premium	0	0
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,084,832	1,836,670
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	2,084,832	1,836,670

Schedule A - Part 2

Schedule A - Part 3

Schedule B - Part 2

Schedule B - Part 3

Schedule BA - Part 2

Schedule BA - Part 3

## **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

	Show All Long-Term Bonds and Stock Acquired During the Current Quarter								
1	2	3	4	5	6	7	8	9	10
									NAIC
									Designation
									and
									Administrative
CUSIP					Number of	Actual		Paid for Accrued	Symbol/Market
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends	Indicator (a)
Bonds - SVO Identifi	ed Funds	· · · · ·							
227200 40 0	EDET TO IV-ENHELL MAT ETE		03/01/2019	DTIC LIC			0	0	_
201420 52 0	COLDMAN, ACCORDODY O 4 VD		03/01/2019	IDTIC LLC				0	
301430-32-9	ULDIMAN.AUGOIKOKI U-I IK.		03/01/2019	DTIC LLC			0	0	
404288-07-9	ISHARES SHI IKS BU EIF		03/01/2019	BIIG LLG		.49,999,382	0	0	
337390-40-8. 381430-52-9. 464288-67-9. 46431W-50-7. 46434V-87-8. 466410-83-7.	GOLDMAN : V. CENTOPN MAI E IF. GOLDMAN : V. CENTOPN MAI E IF. ISHARES : SH TRS BD ETF. ISHARES : SHORT MAT BD. ISHARES : ULTRA ST BOND. JPMORGAN : ULTRA - SHORT INC.		03/01/2019	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.		49,998,697	[	0	
46434V - 87 - 8	ISHARES:ULTRA ST BOND.		03/01/2019	BIIG LLC		9,999,657	0	0	
46641Q-83-7	JPMORGAN:ULTRA-SHORT INC.		03/01/2019	BLIG FFC		49,996,683	0	0	
72201R-83-3	PIMCO ETF:ENH SM ACT ETF		03/01/2019	BTIG LLC		49,999,275	0	0	
8199999 - Bond	s - SVO Identified Funds					299,991,782	0	0	XXX
8399997 - Subto	otals - Bonds - Part 3					299,991,782	0	0	XXX
8399999 - Subto						299,991,782	0	0	
COCCCC CUDIC	Tallo Bondo				I	200,001,702	Ů	- C	- 7000
									-
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					<u> </u>				
ļi					<u> </u>	[			
									1
									I
									1
									1
									1
0000000 T-t-I-					l	200 004 700	VVV		VVV
9999999 Totals						299,991,782	XXX	0	XXX

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues ....

## **SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

Description  dentified Funds IST TR IV:EMISH MAT ETF  JLDMAN:ACCSTRSRY 0-1 YR  HARES:SH TRS ED ETF  HARES:SHOT MAT BD  HARES:ULTRA ST BOND  MORGAN:ULTRA-SHORT INC  MORG ETF:ENH SM ACT ETF  Donds - SVO Identified Fun  Jabtotals - Bonds - Part 4  Jubtotals - Bonds	3 4 F 0 0 r e i i g Disposal Date	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	Number of Shares of Stock 0.0000000000.000000000000	20,010,701 25,023,073 25,034,927 5,005,207 50,101,263 25,040,136	Par Value	9 Actual Cost	Prior Year Book/Adjusted Carrying Value	Increase/	Change in E  12  Current Year's (Amortization)/ Accretion	Corrent Year's Other Than Temporary Impairment Recognized	14	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	(Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol/Market Indicator (a)
dentified Funds SIT IR IV:ENHSH MAT ETF. LIDMAN :ACSTRSRY 0-1 YR. HARES:SH TRS BD ETF. HARES:SHORT MAT BD. HARES:USTR AT BO. MORGAN:ULTRA-SHORT INC. MCO ETF:ENH SM ACT ETF. DIODAS - SVO Identified Fun bibtotals - Bonds - Part 4	n Date	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	Shares of Stock		Par Value	49,998,726 19,999,898 24,999,961 24,999,952	Book/Adjusted	Unrealized Valuation Increase/	Current Year's (Amortization)/	Current Year's Other Than Temporary Impairment	Total Change in B./A.C.V.	Total Foreign Exchange Change in	Adjusted Carrying Value at Disposal Date	Exchange Gain (Loss) on	(Loss) on Disposal	(Loss) on Disposal	Interest/Stock Dividends Received	Contractual Maturity Date	Designation and Administrative Symbol/Marke
dentified Funds SIT IR IV:ENHSH MAT ETF. LIDMAN :ACSTRSRY 0-1 YR. HARES:SH TRS BD ETF. HARES:SHORT MAT BD. HARES:USTR AT BO. MORGAN:ULTRA-SHORT INC. MCO ETF:ENH SM ACT ETF. DIODAS - SVO Identified Fun bibtotals - Bonds - Part 4	n Date	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	Shares of Stock		Par Value	49,998,726 19,999,898 24,999,961 24,999,952	Book/Adjusted	Valuation Increase/	(Amortization)/	Other Than Temporary Impairment	Total Change in B./A.C.V.	Exchange Change in	Adjusted Carrying Value at Disposal Date	Exchange Gain (Loss) on	(Loss) on Disposal	(Loss) on Disposal	Interest/Stock Dividends Received	Contractual Maturity Date	Designation and Administrative Symbol/Marke
dentified Funds SIT IR IV:ENHSH MAT ETF. LIDMAN :ACSTRSRY 0-1 YR. HARES:SH TRS BD ETF. HARES:SHORT MAT BD. HARES:USTR AT BO. MORGAN:ULTRA-SHORT INC. MCO ETF:ENH SM ACT ETF. DIODAS - SVO Identified Fun bibtotals - Bonds - Part 4	n Date	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	Shares of Stock		Par Value	49,998,726 19,999,898 24,999,961 24,999,952	Book/Adjusted	Valuation Increase/	(Amortization)/	Other Than Temporary Impairment	Total Change in B./A.C.V.	Exchange Change in	Adjusted Carrying Value at Disposal Date	Exchange Gain (Loss) on	(Loss) on Disposal	(Loss) on Disposal	Interest/Stock Dividends Received	Contractual Maturity Date	and Administrativ Symbol/Mark
dentified Funds SIT IR IV:ENHSH MAT ETF. LIDMAN :ACSTRSRY 0-1 YR. HARES:SH TRS BD ETF. HARES:SHORT MAT BD. HARES:USTR AT BO. MORGAN:ULTRA-SHORT INC. MCO ETF:ENH SM ACT ETF. DIODAS - SVO Identified Fun bibtotals - Bonds - Part 4	n Date	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	Shares of Stock		Par Value	49,998,726 19,999,898 24,999,961 24,999,952	Book/Adjusted	Valuation Increase/	(Amortization)/	Temporary Impairment	in B./A.C.V.	Exchange Change in	Carrying Value at Disposal Date	Exchange Gain (Loss) on	(Loss) on Disposal	(Loss) on Disposal	Dividends Received	Contractual Maturity Date	Administrative Symbol/Marke
dentified Funds SIT IR IV:ENHSH MAT ETF. LIDMAN :ACSTRSRY 0-1 YR. HARES:SH TRS BD ETF. HARES:SHORT MAT BD. HARES:USTR AT BO. MORGAN:ULTRA-SHORT INC. MCO ETF:ENH SM ACT ETF. DIODAS - SVO Identified Fun bibtotals - Bonds - Part 4	n Date	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	Shares of Stock		Par Value	49,998,726 19,999,898 24,999,961 24,999,952	Book/Adjusted	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal Date	(Loss) on	(Loss) on Disposal	(Loss) on Disposal	Received	Maturity Date	Symbol/Marke
dentified Funds SIT IR IV:ENHSH MAT ETF. LIDMAN :ACSTRSRY 0-1 YR. HARES:SH TRS BD ETF. HARES:SHORT MAT BD. HARES:USTR AT BO. MORGAN:ULTRA-SHORT INC. MCO ETF:ENH SM ACT ETF. DIODAS - SVO Identified Fun bibtotals - Bonds - Part 4	n Date	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	Stock 0.0000.0000.0000.0000.0000.000		Par Value	49,998,726 19,999,898 24,999,961 24,999,952							Disposal Date 49,998,726		Disposal 71,763	Disposal 71.763		Date XXX	
dentified Funds SIT IR IV:ENHSH MAT ETF. LIDMAN :ACSTRSRY 0-1 YR. HARES:SH TRS BD ETF. HARES:SHORT MAT BD. HARES:USTR AT BO. MORGAN:ULTRA-SHORT INC. MCO ETF:ENH SM ACT ETF. DIODAS - SVO Identified Fun bibtotals - Bonds - Part 4	03/28/201902/26/201902/26/201902/26/201902/26/201903/28/201903/28/20190.2/26/20190.2/26/20190.2/26/2019	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	0.000 0.000 0.000 0.000 0.000		Par Value	49,998,726 19,999,898 24,999,961 24,999,952	Carrying Value	(Decrease)	Accretion	Recognized0	(11+12-13)	B./A.C.V.	49,998,726	Disposal	71,763	71.763	During Year	XXX	Indicator (a)
IST TR IV:EMISH MAT ETF.  JUDMAN:ACCSTRSRY 0-1 YR.  HARES: SH TRS BD ETF.  HARES: SHORT MAT BD.  HARES: USTRA ST BOND.  MORGAN: ULTRA-SHORT INC.  MOD ETF: ENH SM ACT ETF.  MOD ETF: ENH SM ACT ETF.  Drids - SVO Identified Fun  Jobtotals - Bonds - Part 4	02/26/201902/26/201902/26/201902/26/201903/28/201903/28/201902/26/2019	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	0.000 0.000 0.000 0.000	20,010,701 25,023,073 25,034,927 5,005,207 50,101,263 25,040,136		19,999,898 24,999,961 24,999,952	0	0	0	0	0	0	49,998,726	0	71,763	71,763	0		
ILDMAN: ACCSTRSRY 0 -1 YR; SHARES: SH TRS BD ETF	02/26/201902/26/201902/26/201902/26/201903/28/201903/28/201902/26/2019	BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC. BTIG LLC.	0.000 0.000 0.000 0.000	20,010,701 25,023,073 25,034,927 5,005,207 50,101,263 25,040,136		19,999,898 24,999,961 24,999,952	0	0	0	0	0	0	49,998,726	0	71,763	71,763	0		
SHARES:SH TRS BD ETF		BTIG LLCBTIG LLCBTIG LLCBTIG LLCBTIG LLC.	0.000 0.000 0.000	25,023,073 25,034,927 5,005,207 50,101,263 25,040,136	0 0 0	24,999,961 24,999,952	0	0 0	0	0	. 0							I XXX	
SHARES: SHORT MAT BD	02/26/2019 02/26/2019 03/28/2019 .C02/26/2019	BTIG LLCBTIG LLCBTIG LLCBTIG LLC	0.000 0.000	25,034,927 5,005,207 50,101,263 25,040,136	0	24,999,952		1 0				j	19,999,898	0	10,804	10,804	Ď		<b>†</b>
SHARES: ULTRA ST BOND MORGAN: ULTRA-SHORT INC MCO ETF: ENH SM ACT ETF DONDOR - SVO Identified Fun Jobtotals - Bonds - Part 4	02/26/2019 03/28/2019 .C02/26/2019	BTIG LLCBTIG LLC.	0.000	5,005,207 50,101,263 25,040,136	0 0			0		ļū		J	24,999,961 24,999,952	0	23 ,112 34 ,975	23,112 34,975	0	XXX	<b>+</b>
MORGAN:ULTRA-SHORT INC MCO ETF:ENH SM ACT ETF onds - SVO Identified Fun Jobotals - Bonds - Part 4	03/28/2019 .C02/26/2019	BTIG LLC.	0.000	50, 101, 263 25, 040, 136	0			l		J	U	J	24,999,952	U		5,274		XXX	<b>†</b>
MC0 ETF:ENH SM ACT ETF	.C02/26/2019	VARIOUS.		25,040,136		49,996,683	l	l		l			49,996,683		104,580	104,580		XXX	·
onds - SVO Identified Fun ubtotals - Bonds - Part 4					1 0	24,999,933	0	0	0	0	0	0	24.999.933	0		40,202	0	XXX	
ubtotals - Bonds - Part 4				200.285.796	0	199.995.086	0	0	0	0	0	0	199,995,086	0	290,710	290,710	0	XXX	XXX
				200,285,796	Ů	199,995,086	0	0	0	0	0	0	199,995,086	0	290,710	290,710	0	XXX	XXX
Donas Donas				200,285,796	Ů	199,995,086	i o	0	0	0	0	0	199,995,086	0	290,710	290,710	0	XXX	XXX
				200,200,700	·	100,000,000	Ť	·	•	, ·	Ů	·	100,000,000		200,110	200,710		AAA	AAA
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als				200,285,796	XXX	199,995,086	0	0	0	0	0	0	199,995,086	0	290,710	290,710	0	XXX	XXX
				s on stock bearing the NAIC market indicator "U" provide: the number of such issu										S 200.285.786 XXX 199.995.086 0 0 0 0 0 0 199.995.086	S 200,285,796 XXX 199,995,086 0 0 0 0 0 0 199,995,086 0	S 200,285,796 XXX 199,995,086 0 0 0 0 0 0 0 199,995,086 0 220,710			

Schedule DB - Part A - Section 1

Schedule DB - Part B - Section 1

Schedule DB - Part D - Section 1

Schedule DB - Part D - Section 2

Schedule DL - Part 1

Schedule DL - Part 2

## SCHEDULE E - PART 1 - CASH Month End Depository Balances

	Won	tn Ena Del	oository Balance	S				
1	2	3	4	5		Balance at End of		9
					Month During Current Quarter			
		Rate	Amount of Interest Received During	Amount of Interest Accrued at Current	6	7	8	
		of	Current	Statement				
Depository	Code	Interest	Quarter	Date	First Month	Second Month	Third Month	*
Open Depositories	1 0000		440.00			•		
JP MorganMichigan		D.000	0	0	3,155,525 924,114 222,254,687	3,292,516 902,263	3,424,071	XXX
Wells FargoFlorida		0.000	0	0	924,114	902,263	(342,679)	) XXX
Comerica Michigan Hancock Florida		0.000 1.470	0	0	222,254,687	106,445,627	111,374,754 10,032,421	XXX
Hancock		2.250	49 , 485 414 , 659	0	10,063,217 140,364,952	40,434,623	40,511,892	1 XXX
0199998 Deposits in					10,001,002	10, 101,020		
(See Instructions) - Open Depositories	XXX	ХХХ	0	0	0	0		XXX
0199999 Total Open Depositories	XXX	XXX	464,144	0	376,762,495	161,090,437	165,000,459	XXX
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0399999 Total Cash on Deposit	XXX	ХХХ	464,144	0	376,762,495	161,090,437	165,000,459	
049999 Cash in Company's Office 059999 Total	XXX	XXX	XXX 464,144	XXX 0	376,762,495	161,090,437	165,000,459	

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Chau	Invactmente	Owned	End of	Current Quarter	
Snow	investments	Ownea	Ena or	Current Quarter	•

		Silc	w investments t	Jwned End of Current Quarter	•			
1	2	3	4	5	6	7	8	9
			Date	Rate of	Maturity	Book/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
Exempt Money Market M	Mutual Funds - as Identified by SVO					, , ,		Ğ
38142B-50-0	Mutual Funds — as Identified by SVO GOLDMAN:FS TRS   INST		03/15/2019	2.270	XXX	1,845,621	3,549	8,668
8599999 - Exempt N	Money Market Mutual Funds — as Identified by SVO	•	•	•	•	1,845,621	3,549	8,668
All Other Money Marke						•	· · ·	,
31846V - 33 - 6	FIRST AMER:GVT OBLG X.		03/04/2019	2.380	XXX	239,211		12
8699999 - All Othe	er Money Market Mutual Funds	•	•		•	239,211	38,676	12
						-		
						-		
			·					
			İ		İ		······	
8899999 Total Ca	esh Fauivalents		•	ļ	•	2,084,832	42,226	8,680
COCCOCCO TOTAL CA	ion Equivalente					2,004,002	42,220	0,000